

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767440** (1)
1. Corporation Name
CVE MASTER MANAGEMENT COMPANY, INC.

Principal Place of Business Mailing Address
3501 WEST DRIVE DEERFIELD BCH FL 33442-2005
3501 WEST DRIVE DEERFIELD BCH FL 33442-2005
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1983	3a. Date of Last Report 03/29/1994
4. FEI Number 59-2288465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent
BRASS, AL
3501 WEST DRIVE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TRINCHITELLA, AMADEO
STREET ADDRESS	RICHMOND 'F' #155
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	PD
NAME	BRASS, AL
STREET ADDRESS	303 GRANTHAM A
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	SD
NAME	GEVIRTZ, SAM
STREET ADDRESS	480 GRANTHAM 'F'
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	TD
NAME	KROESEN, JOSEPH
STREET ADDRESS	228 WESTBURY 'L'
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	VD
NAME	ARKEN, HENRY
STREET ADDRESS	24 PRESCOTT 'B'
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the collector or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *AL Brass*
SIGNATURE AND TYPE, NON-PAYING NAME OF REGISTERING OFFICER OR DIRECTOR
AL BRASS

FEB 14 1995
(305) 431-5660