

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 07, 1996 08:00 AM
Secretary of State

DOCUMENT # 767440 (1)
1. Corporation Name

CVE MASTER MANAGEMENT COMPANY, INC.



Principal Place of Business 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085 US	Mailing Address 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085 US
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3. Date Incorporated or Qualified 03/14/1983	3a. Date of Last Report 03/06/1995
4. FEI Number 59-2288465	Applied For 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
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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	• VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINCHITELLA, AMADEO	1.2 NAME	
STREET ADDRESS	RICHMOND 'F' #155	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	• PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASS, AL	2.2 NAME	
STREET ADDRESS	303 GRANTHAM A	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	• SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVIRTZ, SAM	3.2 NAME	
STREET ADDRESS	480 GRANTHAM 'F'	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	3.4 CITY-ST-ZIP	
TITLE	• TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROESEN, JOSEPH	4.2 NAME	
STREET ADDRESS	228 WESTBURY 'L'	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	• VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARKEN, HENRY	5.2 NAME	
STREET ADDRESS	24 PRESCOTT 'B'	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 receiver 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. Changes to or on an attachment with an address.

SIGNATURE: *[Signature]* 1/17/96 (954) 421-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)