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 Feb 06 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085 US
 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085 US

3. Date Incorporated or Qualified 03/14/1983
 3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number 59-2288465 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	TRINCHITELLA, AMADEO	
STREET ADDRESS	RICHMOND 'F' #155	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRASS, AL	
STREET ADDRESS	303 GRANTHAM A	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEVIRTZ, SAM	
STREET ADDRESS	480 GRANTHAM 'F'	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KROESEN, JOSEPH	
STREET ADDRESS	228 WESTBURY 'L'	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARKEN, HENRY	
STREET ADDRESS	24 PRESCOTT 'B'	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE		<input type="checkbox"/> DELETE
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Al Brass* REQUIRED 1/30/97 (954)421-5566
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043018

CR2E037 (9/96)