

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085 US	Mailing Address 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085 US
---	---

3. Date Incorporated or Qualified 03/14/1983	Applied For Not Applicable
4. FEI Number 59-2288465	

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

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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	JOSEPH SALAV
4.4 CITY-ST-ZIP	4134 CAMBRIDGE "F" DEERFIELD BCH, FL
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 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: _____ **SIGNATURE REQUIRED** 1/22/98 421-55106 (954)

CR2E037 (10/97)