

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90075 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 767440

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
---	---

301683 - 90075 - 27



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/14/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2288465
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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 TRINCHITELLA, AMADEO 82 Street Address (P.O. Box Number is Not Acceptable) 3501 WEST DRIVE 83 DEERFIELD BEACH FL 33442 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 *Amadeo Trinchitella* DATE 3/29/99
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD Title Change <input checked="" type="checkbox"/> DELETE	1.1 TITLE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRINCHITELLA, AMADEO	1.2 NAME	1.2 NAME	
STREET ADDRESS RICHMOND 'F' #155	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BCH, FL 00000	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRASS, AL	2.2 NAME	2.2 NAME	
STREET ADDRESS 303 GRANTHAM A	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BCH, FL 00000	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> DELETE	3.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEVIRTZ, SAM	3.2 NAME	3.2 NAME	
STREET ADDRESS 480 GRANTHAM 'F'	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BCH FL	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> DELETE	4.1 TITLE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALVA, JOSEPH	4.2 NAME	4.2 NAME	
STREET ADDRESS 4134 CAMBRIDGE 'F'	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BCH, FL 00000	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE VD <input type="checkbox"/> DELETE	5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARKEN, HENRY	5.2 NAME	5.2 NAME	
STREET ADDRESS 24 PRESCOTT 'B'	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BCH FL	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: *Henry Arken* 1/26/99 954-421-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Henry Arken, Vice President

CR2E037 (11/98)