NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 767440

CVE MASTER MANAGEMENT COMPANY, INC.

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Principal Plac	e of Business		N	Mailing Addre	68								,		
3501 WEST DRIVE 35 DEERFIELD BCH FL 33442-2085 D				3501 WEST DRIVE DEERFIELD 9CH FL 33442-2085 US											
2. Principal P	Place of Busin	383	22	- Mailing Ad	Idress					Incorporated or	Qualifed .				
21			26)					03/	14/1983					
Suite, Apt.	. #, etc.			Suite, Apt.	#, etc.				4. FEI	Number 2288465	•		<u> </u>	lied For	
22] -	<u></u>		27	Ch. 2 Ch.	4-				35	2200400			\$8.75 A	Applicable	
	City & State			City & State					5. Cert	fcate of Status (Desired		Fee Rec		
23 Zip		Country	28	L			Country	,	6. Elec	tion Campaign F	inancing		\$5.00	May Be	
24	Ţ	25	29	1		30	_		1	t Fund Contribut	-	<u> </u>	Added to	Fees	
	9. Name	and Address of	Current Regi	stered Ager	it				10. Nan	10. Name and Address of New Registered Agent					
							81	Name	TRINCHI	TELLA,	AMADE	Ö			
BRASS; AL: -								Street /	Address (P.O. 8	ox Number is N EST DRI	ot Acceptab	la)			
3501 WEST DRIVE								 						4.0	į
DEERFIELD BEACH FL 33442							83	DI	ELKITED DURCH 12			334			
							84	City				FL	85 Zip C	ode	
1							1 - 1						. 1 1		
11. Pursuant	t to the provisi	ons of Sections	617.0502 and	617.1508, Fi	orida Statut	es, th	1 - 1	-named (corporation sub	mits this stateme	nt for the p	urpose of	changing its	registered	
11. Pursuant office or a scent 1 s	t to the provisi	ons of Sections int, or both, in the	617.0502 and se State of Flor	617.1508, Fi ida. Such ch	oride Statut ange was a 7.0503. Flo	es, the	1 - 1	e-named o	corporation sub ration's board o	mits this statement directors. I her	int for the p eby accept	urpose of the appoi	changing its intrnent as reg	registered istered	
		ons of Sections ont, or both, in the	617,0502 and le State of Flor e obligations of	617.1508, Fi ida, Such ch d, Section 61	orida Statut ange was a 7.0503, Flo	es, the uthori rida S	1 - 1	e-named of the corpo	corporation sub eation's board o	mits this statement of directors, I her	ent for the p eby accept	urpose of the appoin	changing its intrnent as reg	registered istered	
SIGNATURE	x in	radio l r printed name of regio	recipitation and att	Il applicable.		Regist	e above ized by Statutes		caterier name beniup	ng)		urpose of the appoi	777		(96)
	Signature, typed	r printed name of regin	stered agent and the ERS AND DIR	ECTORS	(NOTE	Regist	e above ized by Statutes and Agen		caterier name beniup			urpose of the appoi	D DIRECTOR	RS IN 12	(11/98)
SIGNATURE	Signature, typed	radio rprima name of regin s & OFFIC Title	ERS AND DIR Change	ECTORS		Registi 1	e above ized by statutes ared Agen 13.		caterier name beniup	ng)		urpose of the appoi	777		7 (11/98)
SIGNATURE 12. // IIILE NAME —	Signature, typed	radio rprima name of repo S & OFFIC Title	ERS AND DIR Change	ECTORS	(NOTE	Registe 1	e above ized by statutes ared Agen 13.	x signature re	caterier name beniup	ng)		urpose of the appoin	D DIRECTOR	RS IN 12	
SIGNATURE	Signature, typed TRINGHIT	rodio prima name of new S & OFFIC Title LA AMADEC FF #155	ERS AND DIR Change	ECTORS	(NOTE	1 1 1	e above ized by statutes and Agen i3. .1 TITLE 2 NAME	ADDRESS	caterier name beniup	ng)		urpose of the appoin	D DIRECTOR	RS IN 12	
SIGNATURE 12. / / · TITLE NAME STREET ADDRESS CITY-ST-ZP	Signature, types VOT TRINGHITI S RICHMON DEERFIEL	radio rprima name of repo S & OFFIC Title	ERS AND DIR Change	s il applicable. ECTORS	(NOTE	Registr	e above ized by Statutes and Agen 13. 1 TITLE 2 NAME 3 STREET	ADDRESS	ADDI	ng)		urpose of the appoin	D DIRECTOR	RS IN 12	CR2E037 (11/98)
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CITY-ST-ZIP 14. 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 cartify 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.

5.3 STREET ADDRESS

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CTTY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE: ×

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZP

TILE

NAME

24 PRESCOTT "B"

DEERFIELD BCH FL

DELETE

1/26/99

954-421-5566

FILED

Feb 27, 1999 8:00 am

Secretary of State

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Addition

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