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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DE PARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 828316

(0)

CV REIT, INC.

FILED May 01 1996 8:00 am Secretary of State

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100 CENTURY West Palm B	BLVD EACH FL 33417-4699	100 CENTURY BLVD West Palm Beach F	FL 33417-4699			
				3. Date Incorporated or Qualified 07/20/1972	3a. Date of Last Re 04/26/199	•
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number		Applied For
<u> </u>		26		59-0950354	1	Vot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7 1	Additional
2		27		5. Cartinoate of Status Beards	└ Fee F	Required
City & State		City & State		6. Election Campaign Financing		May Be
3		28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in Florida Statutes X Yes	ntangible tax under s 	199.032,
4	25 9. Name and Address of Currer	29 nt Registered Agent	[30]	10. Name and Address of New R		
	9. Name and Address of Corre	iit negistered Agent	81 Name			
1470 E1101	ALLEN I			Elaine Kahant		
WILENSK			82 Street Ado	tress (P.O. Box Number is Not Acresitable	ಿ ಗ	
	TURY BLVD		83	ما دری اور	~··	
WEST PA	ILM BEACH FL 33417					
			84 City	ra Ration	FL 85 2	ξίμ",
11 Pursuant 10	The provisions of Sections 607,050	2 and 607.1508. Florida Statu	tes, the above named corpo	pration submits this statement for the pur	pose of changing its r	egistered offic
or registere	If ment, or both, in the State of Flori	ida. Such change was authori	zed by the corporation's box	oration submits this statement for the pur and of directors. I hereby accept the appo	ointment as régistered	agent. I am
	I find accept the paligations of, Sect	Hone of Coop, Folida Statute	line Kultur	$+ \mathcal{W} - A$	24-96	
SIGNATURE.	1/1 # 1					
SIGNATION. V	Separation type Loc printed name of resistaned agen	it and trie if applicable (N	IOTE: Registered Agent signal im requir	red when reinstaling:	DATE	
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12.	py and a type of the second se			red when reinstating)	DATE	
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12. TITLE NAME	OFFICERS AN	ND DIRECTORS	13. 1. 1 TITLE	red when reinstating)	DATE ICERS AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN VT KAHANT, ELAINE	ND DIRECTORS	13. 1.1 TITLE 12 NAME	red when reinstating)	DATE IDERS AND DIRECTO Change	[] Addition
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receitly 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 office or director of the conforation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 1905, 3 if changed, in on an attachmight with an address.

SIGNATURE:

all aut Elaîne Karant, UP 424 ab 407-487-9621

12. Officers and Directors (continued)

TITLE

D

NAME

LEVY, ALLYN

STREET ADDRESS

100 CENTURY BLVD

CITY-ST-ZIP

WEST PALM BEACH FL