

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L32998

(1)

1. Corporation Name

D.X. PROPERTIES, INC.

Principal Place of Business

100 CENTURY BLVD
W. PALM BEACH, FL 33417
US

Mailing Address

100 CENTURY BLVD
W. PALM BEACH, FL 33417-2282
US



3. Date Incorporated or Qualified

11/27/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0169793

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

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

9. Name and Address of Current Registered Agent

KAHANT, ELAINE
19146 LYONS ROAD
BOCA RATON FL 33434

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILENSKY, ALVIN	
STREET ADDRESS	100 CENTURY BLVD	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KAHANT, ELAINE	
STREET ADDRESS	100 CENTURY BLVD	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DRAKULICH, ALYCE	
STREET ADDRESS	100 CENTURY BLVD	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHULMAN, ALAN	
STREET ADDRESS	100 CENTURY BLVD	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wilensky, Alvin	
1.3 STREET ADDRESS	100 Century Blvd.	
1.4 CITY - ST - ZIP	West Palm Beach, FL 33417	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Floyd, Orilla	
3.3 STREET ADDRESS	100 Century Blvd.	
3.4 CITY - ST - ZIP	West Palm Beach, FL 33417	
4.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Brenner, Stanley	
4.3 STREET ADDRESS	100 Century Blvd.	
4.4 CITY - ST - ZIP	West Palm Beach, FL 33417	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elaine Kahant, VP
Date: 4-11-97
(561) 640-3155

CR2E034 (9/96)

***FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 828316 (0)

1. Corporation Name
CV REIT, INC.



Principal Place of Business 100 CENTURY BLVD WEST PALM BEACH FL 33417-4899	Mailing Address 100 CENTURY BLVD WEST PALM BEACH FL 33417-2262
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/20/1972	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-0950354	Applied For <input type="checkbox"/> Not Applicable
				6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ELAINE KAHANT 19148 LYONS ROAD BOCA RATON FL 33434		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	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHANT, ELAINE	1.2 NAME	
STREET ADDRESS	100 CENTURY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAKULICH, ALYCE	2.2 NAME	Floyd, Orilla
STREET ADDRESS	100 CENTURY BLVD	2.3 STREET ADDRESS	100 Century Blvd.
CITY-ST-ZIP	WEST PALM BEACH, FLO	2.4 CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILENSKY, ALVIN	3.2 NAME	Wilensky, Alvin
STREET ADDRESS	100 CENTURY BLVD	3.3 STREET ADDRESS	100 Century Blvd.
CITY-ST-ZIP	WEST PALM BEACH, FLO	3.4 CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULMAN, ALAN	4.2 NAME	Shulman, Alan
STREET ADDRESS	100 CENTURY BLVD.	4.3 STREET ADDRESS	100 Century Blvd.
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNER, STANLEY	5.2 NAME	Brenner, Stanley
STREET ADDRESS	100 CENTURY BLVD.	5.3 STREET ADDRESS	100 Century Blvd.
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GACHE, MAC	6.2 NAME	
STREET ADDRESS	100 CENTURY BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elaine Kahant* **VP** *Elaine Kahant* **4-11-97** **(561)640-3155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)