

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

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L78012 (6)

1. Corporation Name
CV WAREHOUSE 78, INC.

Principal Place of Business
100 CENTURY BLVD.
WEST PALM BEACH FL 33417

Mailing Address
100 CENTURY BLVD.
WEST PALM BEACH FL 33417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 06/06/1990	
4. FEI Number 65-0208088	Applied For Not Applicable
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
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 KAHANT, ELAINE 19146 LYONS ROAD BOCA RATON FL 33434		10. Name and Address of New Registered Agent	
81	Name ELAINE HAUFF	82	Street Address (P.O. Box Number is Not Acceptable) SAME
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 *Elaine Hauff* DATE *3-11-98*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILENSKY, ALVIN	1.2 NAME	LEVY, H. IRWIN
STREET ADDRESS	100 CENTURY BLVD.	1.3 STREET ADDRESS	100 CENTURY BLVD.
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHANT, ELAINE	2.2 NAME	HAUFF, ELAINE
STREET ADDRESS	100 CENTURY BLVD	2.3 STREET ADDRESS	100 CENTURY BLVD.
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAKULICH, ALYCE	3.2 NAME	FLOYD, ORILLA
STREET ADDRESS	100 CENTURY BLVD	3.3 STREET ADDRESS	100 CENTURY BLVD.
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	DP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNER, STANLEY	4.2 NAME	MESHON, LOUIS SR.
STREET ADDRESS	100 CENTURY BLVD.	4.3 STREET ADDRESS	100 CENTURY BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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 Hauff* DATE *3-11-98* *561-487-9121*

CR2E034 (10/97)