

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
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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
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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 Country	28 Zip Country
24	30

3. Date Incorporated or Qualified 06/06/1990	
4. FEI Number 65-0208088	Applied For <input type="checkbox"/> 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* **3-11-98**
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	D <input checked="" 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	DP <input checked="" type="checkbox"/> DELETE
NAME	BRENNER, STANLEY
STREET ADDRESS	100 CENTURY BLVD.
CITY-ST-ZIP	WEST 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	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEVY, H. IRWIN
1.3 STREET ADDRESS	100 CENTURY BLVD.
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAUFF, ELAINE
2.3 STREET ADDRESS	100 CENTURY BLVD.
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
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	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MESHON, LOUIS SR.
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 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 *Stanley Brenner* **3-11-98** **561-487-9621**

CR2E034 (10/97)