

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 # L78017 (5) 1. Corporation Name CV WAREHOUSE 76, INC.			
Principal Place of Business 100 CENTURY BLVD. WEST PALM BEACH FL 33417		Mailing Address 100 CENTURY BLVD. WEST PALM BEACH FL 33417-2262	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 06/06/1990		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0208085		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 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP <input type="checkbox"/> DELETE NAME WILENSKY, ALVIN STREET ADDRESS 100 CENTURY BLVD. CITY-ST-ZIP W. PALM BEACH FL	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		
TITLE VT <input type="checkbox"/> DELETE NAME KAHANT, ELAINE STREET ADDRESS 100 CENTURY BLVD. CITY-ST-ZIP W. PALM BEACH FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE S <input checked="" type="checkbox"/> DELETE NAME DRAKULICH, ALYCE STREET ADDRESS 100 CENTURY BLVD. CITY-ST-ZIP W. PALM BEACH FL	3.1 TITLE <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		
TITLE D <input checked="" type="checkbox"/> DELETE NAME SHULMAN, ALAN STREET ADDRESS 100 CENTURY BLVD. CITY-ST-ZIP W. PALM BEACH FL	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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 Elaine Kahant 4-11-97 561-640-3155 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CP2E034 (9/96)