

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L78017

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**

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90052 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1990

4. FEI Number

65-0208085

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**HAUFF, 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)

100 Century Blvd.

83

84 City

West Palm Beach,

FL

85 Zip Code

33417

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C
NAME **LEVY, H. IRWIN**
STREET ADDRESS **100 CENTURY BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ DELETE

VT
NAME **HAUFF, ELAINE**
STREET ADDRESS **100 CENTURY BLVD.**
CITY-ST-ZIP **W. PALM BEACH FL 33417**

TITLE ☐ DELETE

S
NAME **FLOYD, ORILLA**
STREET ADDRESS **100 CENTURY BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ DELETE

DP
NAME **MESHON, LOUIS SR.**
STREET ADDRESS **100 CENTURY BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Elaine Hauff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elaine Hauff, V.P. 3/31/99 (561) 640-3126

CR2F034 (1/1/98)