


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 # **L78018** (3)
1. Corporation Name
CV WAREHOUSE 75, 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		3. Date Incorporated or Qualified 06/06/1990	
21		26		4. FEI Number 65-0208087	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**KAHANT, ELAINE
19148 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 (INC) Registered Agent signature required when reinstating DATE

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	WILENSKLY, ALVIN	1.2 NAME	LEVY, H. IRWIN
STREET ADDRESS	100 CENTURY BLVD.	1.3 STREET ADDRESS	100 CENTURY BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33417	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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, ORILLA	3.2 NAME	
STREET ADDRESS	100 CENTURY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	3.4 CITY-ST-ZIP	
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* **3.11.98** **561-487-9621**

CR2E034 (10/97)