

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:38

DOCUMENT # **P02063** (6)

1. Corporation Name  
**CEVL, INC.**

Principal Place of Business  
**THE CAHSE MANHATTAN BANK  
101 PARK AVENUE-17TH FLOOR  
NEW YORK NY 10178**

Mailing Address  
**THE CAHSE MANHATTAN BANK  
101 PARK AVENUE-17TH FLOOR  
NEW YORK NY 10178**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/16/1984** 3a. Date of Last Report **04/18/1994**

4. FEI Number **16-1223848** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

Signature, typed or printed name of registered agent (not 199 if applicable)

(NOTE: Registered Agent signature required when consenting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MCDONAGH, JOHN P.
STREET ADDRESS	101 PARK AVE.
CITY - ST - ZIP	NEW YORK NY
TITLE	<del>VP</del>
NAME	<del>SCHWARTZ, ROBERT L.</del>
STREET ADDRESS	<del>101 PARK AVE.</del>
CITY - ST - ZIP	<del>NEW YORK NY</del>
TITLE	VP
NAME	NECK, EDWARD J.
STREET ADDRESS	101 PARK AVE.
CITY - ST - ZIP	NEW YORK NY
TITLE	<del>VP</del>
NAME	<del>GORNAM, HOWARD N.</del>
STREET ADDRESS	<del>101 PARK AVE.</del>
CITY - ST - ZIP	<del>NEW YORK NY</del>
TITLE	S
NAME	KNUTSON, DAVID H.
STREET ADDRESS	101 PARK AVE.
CITY - ST - ZIP	NEW YORK NY
TITLE	T
NAME	STEPHENS, LESTER J.
STREET ADDRESS	101 PARK AVE.
CITY - ST - ZIP	NEW YORK NY

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

*See Attached Listing*

*delete*

*delete*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

*Joann Clark*

Typed and printed name of signing officer or director

*Joann Clark, v.p. 1-395-907-6259*

<u>NAME</u>	<u>OFFICE</u>	<u>WORK ADDRESS</u>
John P. McDonagh	President and <u>Director</u>	101 Park Avenue New York, N.Y. 10081
Joann Clark	Vice President, Controller, Assistant Secretary, and Assistant Treasurer	101 Park Avenue New York, N.Y. 10081
Edward J. Neeck	Vice President	101 Park Avenue New York, N.Y. 10081
David H. Knutson	Secretary	1 Chase Manhattan Plaza New York, N.Y. 10081
Lester J. Stephens, Jr.	Treasurer	1 Chase Manhattan Plaza New York, N.Y. 10081
John B. Evans	Assistant Treasurer	1 Chase Manhattan Plaza New York, N.Y. 10081

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