

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000058366 (3)

1. Corporation Name  
CVT, INC.



Principal Place of Business

1655 STATE ROAD 472  
DELAND FL 32723

Mailing Address

C/O TWC TAX DEPT  
5680 GREENWOOD PLAZA  
ENGLEWOOD CO 80111  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 PO Box 6659  
27 Suite, Apt. #, etc.

28 City & State

29 80165-6659 30 ARAPAHOE

3. Date Incorporated or Qualified

08/08/1994

4. FEI Number

59-3286979

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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	PD	DELETE
NAME	HAJE, PETER R	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NY NY	
TITLE	CFO	DELETE
NAME	BRESSLER, RICHARD J	
STREET ADDRESS	75 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	DELETE
NAME	ALLAMAN, GAIL	
STREET ADDRESS	5680 GREENWOOD PLAZA BLVD	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VAS	DELETE
NAME	APFELBAUM, MARC J	
STREET ADDRESS	300 1ST STAMFORD PL	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VP	DELETE
NAME	CHRISTIE, WARREN A	
STREET ADDRESS	1271 AVE OF THE AMERICAS	
CITY-ST-ZIP	NY NY	
TITLE	AT	DELETE
NAME	HEFTY, LAURIE	
STREET ADDRESS	5680 GREENWOOD PLAZA BOULEVARD	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

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	X Change	Addition
3.2 NAME		
3.3 STREET ADDRESS	160 INVERNESS DRIVE WEST	
3.4 CITY-ST-ZIP	ENGLEWOOD, CO 80112	
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	X Addition
6.2 NAME	MARK KARAS	
6.3 STREET ADDRESS	160 INVERNESS DRIVE WEST	
6.4 CITY-ST-ZIP	ENGLEWOOD CO 80112	

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.

CR2E034 (10/97)