

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90113 046 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P95000034114

1. Corporation Name
CFV PRODUCTS, INC.



Principal Place of Business
 3710 NE 25TH AVE
 LIGHTHOUSE POINT FL 33064
 US

Mailing Address
 3710 NE 25 AVE
 LIGHTHOUSE POINT FL 33064
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/27/1995

4. FEI Number
65-0579490

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
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
SAUTTER, C CHRISTIAN
 2900 E OAKLAND PARK BLVD
 SUITE 200
 FT LAUDERDALE FL 33306

MATHEW E. MORRALL
 PENTHOUSE WEST
 2455 E. SUNRISE BLVD
 FT. LAUDERDALE
 FL 33304

10. Name and Address of New Registered Agent
 81 Name **MATHEW E. MORRALL**
 82 Street Address (P.O. Box Number is Not Acceptable) **PENTHOUSE WEST**
 83 **2455 E. SUNRISE BLVD.**
 84 City **FT. LAUDERDALE** FL 85 Zip Code **33304**

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 *Matthew E. Morrall* DATE **3/18/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWTON, JOHN R	
STREET ADDRESS	3710 NE 25TH AVE	
CITY-ST-ZIP	LIGHTHOUSE FL 33064	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, MICHAEL	
STREET ADDRESS	2930 MEDINAH	
CITY-ST-ZIP	WESTON FL 33332	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALLAHAN, GILLIAN	
STREET ADDRESS	62 WALNUT ST	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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 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			

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 appointment with an address, with all other like empowered.

SIGNATURE: *John R. Newton* SIGNATURE **JOHN R. NEWTON** DATE **13 MAR 99** DAYTIME PHONE # **954 480 8444**
Signature and typed or printed name of signing officer or director

0161174

03/18/99 11:09