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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P96000063067

1. Corporation Name

CV-ONE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
237 SUNSET DRIVE ISLAMORADA, FL 33036	237 SUNSET DRIVE ISLAMORADA, FL 33036

3. Date Incorporated or Qualified: JULY 29, 1996

3a. Date of Last Report: n/a

2. Principal Place of Business
21 237 SUNSET DRIVE
Suite, Apt. #, etc.
22
City & State
23 ISLAMORADA, FL
Zip 24 33036 County 25 MONROE

2a. Mailing Address
26 237 SUNSET DRIVE
Suite, Apt. #, etc.
27
City & State
28 ISLAMORADA, FL
Zip 29 33036 County 30 MONROE

4. FEI Number: 65-0683452 [ ] 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 [X] No

9. Name and Address of Current Registered Agent

RICHARD VALLE
237 SUNSET DRIVE
ISLAMORADA, FL 33036

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 700002225817--5
-06/30/97--01011--001
84 City ****165.00 ****165.00

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/S/T/D	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	RICHARD VALLE		1.2 NAME		
STREET ADDRESS	237 SUNSET DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA, FL 33036		1.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SCC 6-26-97

CR2E034 (9/96)

14. I do 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 added on an attachment with an address.

SIGNATURE: Richard Valle RICHARD VALLE 6-11-97

305-664-9940