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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATI Sandira B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000064216 (9)

CAV EQUITY PARTNERS, INC.

Principal Place of Business

Mailing Address

FILED Jan 30 1998 8:00am Secretary of State



	ANDREWS AVENUE RDALE FL 33316-1886	1212 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316-1886				DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified 07/24/1997	SFACE		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21		26				65-0770284		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional	
22 Ciby & Ctat		27 City & State				5. Certificate of Status Desired	Fee F	Required	
City & State	8	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip	Country	Zip	Country			8. This corporation owes or has paid the cu	rrent year fr	ntangible	
24	25	29	30			Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
LEVER, MICHAEL S				81 Name					
12.	12 SOUTH ANDREWS AVENUE		82 Street Ad		Street Addre	ddress (P.O. Box Number is Not Acceptable)			
F0	RT LAUDERDALE FL 33316-1886	l	52 Street Fig.		Olieel Addre	sas (1.0. 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.									
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
OIGH STORE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered	Agent	t signature require	d when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D	☐ DELET	E 1.1 TITE	Œ			L Change	☐ Addition	
NAME				ME				;	
STREET ADDRESS	•			EET A	ADDRESS			ļi	
CITY-ST-ZIP				Y-\$T-	- ZIP				
TITLE	D DELETE 2.1			E			☐ Change	Addition C	
NAME				ME					
STREET ADDRESS	1212 SOUTH ANDREWS AVENUE			EET A	NODRESS				
CITY-ST-ZIP				Y-ST	r-zip				
TITLE	D DELETE 3:			.E			Change	Addition	
NAME	LEVER, MICHAEL S 3.			ИE					
STREET ADDRESS	1212 SOUTH ANDREWS AVENUE			3.3 STREET ADDRESS					
C‡TY - ST - ZIP	FORT LAUDERDALE FL 33316-1886			3.4, CITY - ST - ZIP					
TITLE	D DELETE			4.1 TITLE		• • • • • • • • • • • • • • • • • • • •	Change	Addition	
NAME	SCHWARTZ, ROBERT			4. 2 NAME				1	
STREET ADDRESS	1212 SOUTH ANDREWS AVENUE		4,3 STR	4,3 STREET ADDRESS				[
CITY-ST-ZIP	FORT LAUDERDALE FL 33316-1886			Y-ST-	- ZiP				
TITLE		DELET					Change	Addition	
NAME			5.2 NAM	ЛE					
STREET ADDRESS			5.3 STR	EET A	DDRESS				
CITY-ST-ZIP			5.4 CIT					ł	
TITLE		☐ DELET					☐ Change	Addition	
NAME			6.2 NAM	Æ			•	ŀ	
STREET ADDRESS					DORESS				
CITY-ST-ZIP			6.4 CIT		I				
	ertify that the information supplied wi	th this filing does not qui				Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the	e information	

14. I hereby certify that the information supplied with this filing does not quality 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 file and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of the receiver or trusteed 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 of the information of the corporation of the c

SIGNATURE:

REQUIRED

1/19/98

E034 (10/97)