

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001888 (6)**

1. Corporation Name
KAYCAN LTD. INCORPORATED



Principal Place of Business: **20 AVE D WILLISTON VT 05495 US**
Mailing Address: **20 AVE D WILLISTON VT 05495 US**

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **04/13/1994**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **34-1649422**
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

9. Name and Address of Current Registered Agent

**GARELLEK, STEVEN
7000 W. PALMETTO PK. RD. #300
BOCA RATON FL 33433**

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 607.1505, 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 607.0502, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11.1 TITLE	<input type="checkbox"/> DELETE	P
11.2 NAME		DUBROFSKY, LIONEL
11.3 STREET ADDRESS		2505 HALPERN ST.
11.4 CITY - ST - ZIP		ST. LAURENT, QUEBEC, CANADA H4S -1N9
11.5 TITLE	<input type="checkbox"/> DELETE	V
11.6 NAME		RAINVILLE, REAL
11.7 STREET ADDRESS		2505 HALPERN ST.
11.8 CITY - ST - ZIP		ST. LAURENT, QUEBEC, CANADA H4S -1N9
11.9 TITLE	<input type="checkbox"/> DELETE	ST
11.10 NAME		DUBROFSKY, TAMI
11.11 STREET ADDRESS		2505 HALPERN ST.
11.12 CITY - ST - ZIP		ST. LAURENT, QUEBEC, CANADA H4S -1N9
11.13 TITLE	<input type="checkbox"/> DELETE	
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY - ST - ZIP		
11.17 TITLE	<input type="checkbox"/> DELETE	
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY - ST - ZIP		

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY - ST - ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY - ST - ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY - ST - ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY - ST - ZIP	
12.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY - ST - ZIP	

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)(k), 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 a 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.

SIGNATURE: *Tami Dubrofsky* **TAMI DUBROFSKY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 7/96

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