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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H76133 (8)

1. Corporation Name
TOUCAN INVESTMENTS, INC.



Principal Place of Business: 4478 S MCCALL RD., SUITE A ENGLEWOOD FL 34224-9334
Mailing Address: POST OFFICE BOX 426 ENGLEWOOD FL 34295-0426 US

3. Date Incorporated or Qualified: 09/16/1985
3a. Date of Last Report: 08/02/1996

2. Principal Place of Business: 21 6323 MCKINLEY TERR. 26

4. FEI Number: 59-2582115 Applied For: Not Applicable

22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 City & State: ENGLEWOOD, FL. 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip: 34224 25 Country: U.S. 29

30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: KINNEY, DONNA L. 4478 S MCCALL RD., SUITE A ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: _____ DATE: _____ (NOTE: Registered Agent signature required when re-instating)

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Rows 12-16 list Donna Kinney as PVT and SD.

Table with 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns include 1.1-1.4 and 2.1-2.4 for the first two entries, and 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4 for subsequent entries.

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 on an attachment with an address.

SIGNATURE: [Signature] DATE: 2-12-97 DAYTIME PHONE #: 941-474-6173

CR2E034 (9/96)