FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 25 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **644035** **(8)**

1. Corporation Name
CAN-AM WOODS, INC.

Principal Place of Business	Mailing Address
~~13931 NORTH MIAMI AVENUE~~ ~~MIAMI FL 33168~~	~~13931 NORTH MIAMI AVENUE~~ ~~MIAMI FL 33168~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/05/1979	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 12036 EATMON LANE	26 12036 EATMON LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CLERMONT FL	City & State 28 CLERMONT FL
Zip / County 24 34711 / 25 LAKE	Zip / County 29 34711 / 30 LAKE

4. FEI Number: 59-1954581 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ATHAN, MARILYN R ~~13931 NORTH MIAMI AVENUE~~ ~~MIAMI FL 33168~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 12036 EATMON LANE 83 84 City: CLERMONT FL 85 Zip Code: 34711

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, typed 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	VD	1.1 TITLE		☒ Change ☐ Addition
NAME	ATHAN, MARK D	1.2 NAME		
STREET ADDRESS	~~9475 LONGMEADOW CIR~~	1.3 STREET ADDRESS	5417 ROSE MARIE AVE S	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ATHAN, MATTHEW P	2.2 NAME		
STREET ADDRESS	2635 SW 35TH PLACE #1904	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608	2.4 CITY-ST-ZIP	32608	
TITLE	CPDT	3.1 TITLE		☒ Change ☐ Addition
NAME	ATHAN, MARILYN, R	3.2 NAME		
STREET ADDRESS	~~13931 N MIAMI AVE~~	3.3 STREET ADDRESS	12036 EATMON LANE	
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VTSD	4.1 TITLE		☒ Change ☐ Addition
NAME	ATHAN, PETER	4.2 NAME		
STREET ADDRESS	~~13931 N MIAMI AVE~~	4.3 STREET ADDRESS	12036 EATMON LANE	
CITY-ST-ZIP	~~MIAMI FL~~	4.4 CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: _____ 4/17/95 904-394-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PETER ATHAN

0207087 CP