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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005855 (8)

**ACANA CORPORATION** 

## FILED Apr 06 1998 8:00am Secretary of State



					<u> </u>	/ MILIUT LOLUT BAKUL UKAL LURU				
Principal Place of Business Mailing Address					C (Califa irra strin effett matti aftit aftit sant anis anis anis anis anis anis anis anis					
0.00 0.00		5400 LEGACY DRIVE PLANO TX 75024								
					DO NOT WRITE IN THIS S	SPACE				
					3. Date Incorporated or Qualified 11/04/1997					
2.	Principal Place of Business	2a. Maiting Address			4. FEI Number	Applied For				
21		26 5400 LEGA	WI	>R	75-2671075	Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 (HI - AA - 66	Suite, Apt. #, etc. 27 (HI - 4A - 66)		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
23	City & State	City & State  26 PLANO TX			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
	Zip Country	Zip	Country	,	8. This corporation owes or has paid the curr					
24	25	29 75024 30	l	15	Personal Property Tax due June 30.	🕽 Yes 🔲 No				
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent						
CONFORMION SERVICE COMPANY				Name		_				
1201 HAYS STREET TALLAHASSEE FL 32301-2525			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)					
			63							
	· · · · · · · · · · · · · · · · · · ·		84		FL	85 Zip Code				
11	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.									
SIC	SIGNATURE									
Signature: typed or printed name of registered eyent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
-		DC: ETC	4 4 7174 5			Change   Iddition				

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE											
Signature, typed or printed name of registered exert and tille it applicable (NO  12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHARGES TO GIT	Change Addition						
NAME	WROTEN, JOHN W JR	25	1.2 NAME								
STREET ADDRESS	5400 LEGACY DRIVE		1.3 STREET ADDRESS								
	PLANO TX 75024										
CITY-ST-ZIP	DV	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition						
i	GRANT, JOSEPH M	□ otten			C onlinge C Addition						
NAME	5400 LEGACY DRIVE		2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS								
CITY-ST-ZIP	PLANO TX 75024		2. 4 CITY-ST-ZIP								
TITLE	DV	☐ DELETE	3.1 TITLE		Change Addition						
NAME	YEAMAN, JOHN M		3.2 NAME								
STREET ADDRESS	5400 LEGACY DRIVE		3.3 STREET ADDRESS								
CITY-ST-ZIP	PLANO TX 75024		3.4. CITY-ST-ZIP								
TITLE	S	☐ DELETE	4.1 TITLE		Change Addition						
NAME	MARBLE, SHIRLEY J		4. 2 NAME								
STREET ADDRESS	5400 LEGACY DRIVE		4.3 STREET ADDRESS								
CITY-ST-ZIP	PLANO TX 75024		4.4 CITY - ST - ZIP								
TITLE	<b>T</b>	DELETE	5.1 TITLE	AT	Change Addition						
NAME	Benac, William P		5.2 NAME	BARBARA BARTON	•						
STREET ADDRESS	5400 LEGACY DRIVE		5.3 STREET ADDRESS	BARBARA BARTON 5400 LEGACY DR							
CITY-ST-ZIP	PLANO TX 75024		5.4 CITY - ST - ZIP	PLANO TX 75024							
TITLE	AS	DELETE	61 TITLE		Change Addition						
NAME	THOMAS, LISA V		6.2 NAME								
STREET ADDRESS	5400 LEGACY DRIVE		6.3 STREET ADDRESS								
STREET ALUNESS	PLANO TX 75024		6.3 STREET ADDRESS								

14. Thereby 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 arman 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 prematachment with an address.

SIGNATURE:

John De

Barbara Barton 3-27-98972/605-