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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	> DIVISION OF C	CONFORMIONS	·	1			
DOCUMENT # H03755 (6) CAN-ED FLORIDA, INC.								
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Principal Place	on Rusiness	Mailing Address						
201 N. FRANKLIN ST. STE 2100		201 N. FRANKLIN ST.,STE,2100						
P.O. BOX 3433		P.O. BOX 3433		l				
TAMPA FL 336	01	TAMPA FL 33601-3433			3. Date Incorporated or Qualified	3a. Date of	Last Report	
				Ť	05/16/1984	05/01/1		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For	
21		26			<u>59-2408661</u>		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	3.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for			
24	25 9. Name and Address of Current	29 Registered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No		
	IAHA,STEVEN M.,ESQ.	vadisteleti vilalit	81 N	ame	10. Name and Address of New A	agisteren Agen	1	
	N. FRANKLIN STREET		100					
SUITE 2100			<b>82</b> St	rect Addres	at Address (P.O. Box Number is Not Acceptable)			
	IPA FL 33602		83					
			84 Ci	ily		85	Zip Code	
44 6		1007 1000 5				ᅡᆫᆝ	]	
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	and 607,1508, Florida Statut I Florida, Such change was a	es, the above-ha authorized by the	med corpoi corporation	ation submits this statement for the n's board of directors. I hereby acce	purpose of char pt the appointm	iging its registered   ient as registered	
	m tamiliar with, and accept the obligat	ions of, Section 607,0505, Fig	orida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E Registered Agent sig	griature required	when reinstaling)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TITLE NAME	DPST WEISLER, MARVIN	(Hf). Delète	1.1 THILE 1.2 NAME			<b>I</b> AN U	Change	
STREET ADDRESS	19301-178 STREET /38/7	SUMMIT DR.	1.3 STREET ADDR	RESS 134	817 Summit Dr.			
CITY-ST-ZIP	EDMONTON, ALBERTA, CANAD	A 75N/358	1.4 CHY-ST-7IP		monton, Alberta, Car	oada imsv	3.58	
TITLE	V	DELETE	211ntF	T-:			Change Addition	
NAME	SISKIND,ROBERT		2.2 NAME					
STREET ADDRESS	#400, 248 PALL MALL ST.		2 3 STREET ADDE	1				
CITY-ST-ZIP TITLE	LONDON,ONTARIO,CANADA	DELETE	.2. 4 C(1Y - ST - Z()			776	Change 😾 Addition	
NAME		Dittit	3.2 NAME	V S	teven M. Samaha		mange BS Mountel)	
STREET ADDRESS		•	33 STREET ADDR		01 North Franklin S	t #210	o l	
CITY-ST-ZIP			3.4. CITY - ST - ZII	P	ampa, Florida 3360	2		
TITLE		☐ DELETE	4.1 TITLE				Change	
NAME			4. 2 NAME					
STREET ADDRESS		. 12	4.3 STREET ADDE					
CITY-ST-ZIP TITLE		DELETE	44 DITY-ST-ZIP 51 THUE	<del></del>			Change Addition	
NAME		_	5.2 NAME					
STREET ADDRESS			5.3 STREE1 ADDR	ress				
CITY-ST-ZIP			5.4 CITY - ST - ZIP	<u> </u>		····		
TITLE		☐ DELETE	6.1 TITLE				Change L Addition	
NAME CTREET ANDRESS			6.2 NAME	orce				
STREET ADDRESS			6.3 \$1REFT ADDR					
14. I do heret	by certify that the information supplied	with this filing does not quali	6.4 CITY-ST-ZIP fy for the exempt	tion stated in	n Section 119.07(3)(i), Florida Statute	es. I further cert	ify that the	
information	n indicated on this annual report or su ficer or director of the collogration or the	pylemental annual report is t be receiver or traslec empow	rue and accurate vered to execute	e and that me this report a	ny signature shall have the same leg as required by Chapter 607, Florida	al effect as if ma Statules; and th	ade under oath; that at my name	

CNATURE (403)-