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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90127 038 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H03755

1. Corporation Name
CAN-ED FLORIDA, INC.

Principal Place of Business
201 N. FRANKLIN ST., STE. 2100
P.O. BOX 3433
TAMPA FL 33601

Mailing Address
201 N. FRANKLIN ST., STE. 2100
P.O. BOX 3433
TAMPA FL 33601



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1984

4. FEI Number

59-2408661

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 c/o Steven M. Samaha, Esq.

25 c/o Steven M. Samaha, Esq.

Suite, Apt. #, etc.
22 201 N. Franklin St., #2100

Suite, Apt. #, etc.
27 P.O. Box 3433

City & State
23 Tampa, FL

City & State
28 Tampa, FL

Zip Country
24 33602 25 USA

Zip Country
29 33601 30 USA

9. Name and Address of Current Registered Agent

SAMAH, STEVEN M., ESQ.
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

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 607.1508, 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

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME WEISLER, MARVIN

STREET ADDRESS 13817 SUMMIT DR

CITY-STATE-ZIP EDMONTON AB CANADA T5N 3S8

TITLE V ☐ DELETE

NAME SAMAHA, STEVEN M

STREET ADDRESS 201 N FRANKLIN ST SUITE 2100

CITY-STATE-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10801 170th St. / 384

1.4 CITY-STATE-ZIP Edmonton, Alberta, Canada T5B 1N5

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP Tampa, FL 33602

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Marvin Weisler, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

403/455-5050

Daytime Phone #

CR2E034 (11/98)