

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H18962 (1) 1. Corporation Name CANOPY PARK, INC.			
Principal Place of Business 5517 SW 69 TERR GAINESVILLE FL 32608 US		Mailing Address 5517 SW 69 TERR GAINESVILLE FL 32608 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 08/27/1984		4. FEI Number 59-2438274	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	
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.		12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)