

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

FILED  
Jun 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H67730** (2)  
1. Corporation Name  
**CANAAN INVESTMENTS, INC.**

Principal Place of Business  
**306 SOUTH BOULEVARD  
TAMPA FL 33606-2151**

Mailing Address  
**306 SOUTH BOULEVARD  
TAMPA FL 33606-2151**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/23/1985</b>	
4. FEI Number <b>59-2678255</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29

9. Name and Address of Current Registered Agent

**TODRIF, LEE  
612 ROCHESTER STREET  
OMEDD FL 32765-8162**

10. Name and Address of New Registered Agent

81 Name **KINSER, DEBRA S.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**306 SOUTH BOULEVARD**  
83  
84 City **TAMPA** FL 85 Zip Code **33606-2151**

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 607.0506, Florida Statutes.

SIGNATURE *Debra S. Kinser, President*  
Signature typed in printed name of registered agent (if applicable) (Print - Registered Agent signature required when reinstating)

DATE **6/19/98**

12. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>GLENN, KATE M</b>
STREET ADDRESS	<b>612 ROCHESTER STREET</b>
CITY-ST-ZIP	<b>OMEDD FL 32765-8162</b>
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	<b>TODRIF, LEE</b>
STREET ADDRESS	<b>612 ROCHESTER STREET</b>
CITY-ST-ZIP	<b>OMEDD FL 32765-8162</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>306 SOUTH BOULEVARD</b>
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33606-2151</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>KINSER, DEBRA S.</b>
3.3 STREET ADDRESS	<b>306 SOUTH BOULEVARD</b>
3.4 CITY-ST-ZIP	<b>TAMPA, FL 33606-2151</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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

SIGNATURE: *Debra S. Kinser* **DEBRA S. KINSER,**  
**PRESIDENT** 6-5-98 813/253-6027

CR2E034 (10/97)