

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PH 4:29

DOCUMENT # **J09328** (2)
1. Corporation Name
CAN AM ENGINEERING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
123 - 8TH STREET EAST **% FREDERICK L. MOUSER**
TIERRA VERDE FL 33715 **810-63RD AVE N PO BOX 20768**
US **ST. PETERSBURG FL 33742**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		04/14/1986	02/09/1994
22 State, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2682408	Not Applicable
24 Zip		25 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29 Zip		30 Country		<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOUSER, FREDERICK L. 810-63RD AVE NORTH ST. PETERSBURG FL 33702				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when nonexisting) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PST BEDORE, ROBERT 123 8TH ST E. TIERRA VERDA FL	1.1 TITLE	CORPORATE SECY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.2 NAME	D BEDORE, ROBERT 123 8TH ST E. TIERRA VERDA FL	1.2 NAME	REISMAN, BETH
12.3 NAME		1.3 STREET ADDRESS	5640 STEVENS FOREST RD.
12.4 NAME		1.4 CITY-ST-ZIP	# 229, COLUMBIA, MD. 21045
12.5 NAME		2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.6 NAME		2.2 NAME	REISMAN, BETH
12.7 NAME		2.3 STREET ADDRESS	5640 STEVENS FOREST RD
12.8 NAME		2.4 CITY-ST-ZIP	# 229, COLUMBIA, MD. 21045
12.9 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		3.2 NAME	
12.11 NAME		3.3 STREET ADDRESS	
12.12 NAME		3.4 CITY-ST-ZIP	
12.13 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		4.2 NAME	
12.15 NAME		4.3 STREET ADDRESS	
12.16 NAME		4.4 CITY-ST-ZIP	
12.17 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		5.2 NAME	
12.19 NAME		5.3 STREET ADDRESS	
12.20 NAME		5.4 CITY-ST-ZIP	
12.21 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		6.2 NAME	
12.23 NAME		6.3 STREET ADDRESS	
12.24 NAME		6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is printed on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-18-95 813-5841108
POSITION AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____