04-22-1999 90080 018 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J37137

1. Corporation Name

CAN SOUTH INVESTMENTS, INC.

0,4100					
Principal Place	of Business	Mailing Address	•		
23440 JANICE A	AVE	23440 JANICE AVE			
CHARLOTTE HARBOR FL 33980		CHARLOTTE HARBOR FL 339	90	DO NOT WRITE IN TH	IS SPACE
US		US		3. Date Incorporated or Qualifed	
Ì		•		10/07/1986	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	· · · · · · · · · · · · · · · · · · ·	26		59-2728041	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e .	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 owes the current year	Intangible
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Curre	ent Registered Agent	Od Nome	10. Name and Address of New Registere	o Agent
FOE	N MOODEARY		81 Name		
FRED MCGREADY			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
23440 JANICE AVE.					
LHA	RLOTTE HARBOR FL 33980		83		
		•	84 City	F	85 Zip Code
		TOO LOOT 4500 Floride Florida	the above period com-	protion submits this statement for the nurnose	of changing its registered
i office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida, Such change was aut gations of, Section 607.0505, Florid	a Statutes.	in's board of directors. Thereby accept the app	oointment as registered
- <u></u> -	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: F	egistered Agent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	DPS ·	DELETE	1.1 TITLE	ADDITIONAL MINES TO STATE	☐ Change ☐ Addition
			1.2 NAME		
NAME	MCGREADY, FRED 23440 JANICE AVE		1.3 STREET ADDRESS		
STREET ADDRESS	CHARLOTTE HARBOR FL		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	DVT	☐ DELETE	2.1 TITLE		Change Addition
			2.2 NAME		
NAME	ULBRICHT, PETER 23440 JANICE AVE	 -	2.3 STREET ADDRESS		عم بالمراب الم
STREET ADDRESS	CHARLOTTE HARBOR FL		2. 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	OUNTED LE UNIDOR LE	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	·	
STREET ADDRESS			3.3 STREET ADDRESS		
ļ					
TITLE					
, <u>L</u>		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	·	☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS	·	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	·	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.A. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
STREET ADDRESS C/TY-ST-Z/P TITLE NAME STREET ADDRESS CITY-ST-Z/P	and the second second		3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		

14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP