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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #
1. Corporation Name

J72066

(0)

<u> </u>			
CANIADIANI.	CITNICCO	HUI DING	COMPANY
LIMINALIMAL	LILIALUU		L.U. AVIPAIVE

22 26 Suite, Apt. #, etc. Provided Status Desired \$8.75 A. Fee Rec. City & State Suite, Apt. #, etc. Provided Status Provided	
733 W. STATE ROAD 436 #2001 ALTAMONTE SPRIGS FL 32701 US 3. Date incorporated or Cualified D5/11/1987 04/03/1995 05/11/1987 05/11/1987 05/11/1987 05/11/1987 05/11/1987 06/11/1987 04/03/1995 05/11/1987 04/03/1995 05/11/1987 06/11/1987 06/11/1	
ALTAMONTE SPRIGS FL 32701 US PLINT MI 48503 US 3. Date Incorporated or Qualified O5/11/1987 O4/03/1995 O4/03	
Country Zp Country Zp Country B. This corporation has liability for intengible tax under s 19 Feb Bs Zp Country D. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 120 S. PINE (SLAND ROAD PLANTATION FL 33324 B3 Zp C C C C C C C C C C C C C C C C C C	
2. Prencipal Place of Fusiness 2e. Mailing Address 5. Optificate of Status Desired St.75 A Statu Suito, Apt. 8, etc. 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired \$8.75 A Fee Rec 5. Certificate of Status Desired Agent Desired Agent Desired Statutes \$8.75 A Fee Rec 5. Certificate Official Statutes \$8.75 A Fee Rec \$8.75 A Fee R	t
Soute, Apt. #, etc. Soute, Apt. #, etc. Surte, Apt. #, etc.	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Scrificate of Status Desired \$8.75 Apr. #, etc.	ied For
City & State Country	Applicable
City & State	
28 Trust Fund Contribution Added to Added	
25 29 30 Fonds Statutes	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 City FL 85 ZpC 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 regist 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, or both, in the State of Florida Statutes. SIGNATURE Signam, byte of quinter name of registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent separate required when renating DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL D DELETE 1 TITLE Change Change Change Change Change Change ALTAMONTE SPRING FL JACONETTI, GEORGE W. 733 W. STATE ROAD 436 #2001 23 SIREET ADDRESS CITY-S1-7/P JACONETTI, GEORGE W. 733 W. STATE ROAD 436 #2001 23 SIREET ADDRESS CITY-S1-7/P JACONETTI, GEORGE W. 733 W. STATE ROAD 436 #2001 24 CITY-S1-7/P JACONETTI, GEORGE W. 733 W. STATE ROAD 436 #2001 24 CITY-S1-7/P JACONETTI, GEORGE W. 733 W. STATE ROAD 436 #2001 24 CITY-S1-7/P JACONETTI, GEORGE W. 733 W. STATE ROAD 436 #2001 24 CITY-S1-7/P JACONETTI, GEORGE W. 733 W. STATE ROAD 436 #2001 24 CITY-S1-7/P Change	.032,
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 PLANTATION FL 33324 84 City FL 85 Zip C 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 registor 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 dentility with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE Symme. Specific price name of agent engine as of the displacible (NOTE: Registered Agent signature required when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. AND JACONETIA, GEORGE W. SIREL ARIORES 733 W. STATE ROAD 436 \$2001 13. SIREL ADDRESS ALTAMONTE SPRING FL DELETE 14. CITY-ST-ZIP DIRECTORS 14. CITY-ST-ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Change 17. Change 18. CITY-ST-ZIP 18. CITY-ST-ZIP 18. CITY-ST-ZIP 18. CITY-ST-ZIP 19. Change	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 PLANTATION FL 33324 84 City FL 85 Zip C 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 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 authorized by the corporation's board of directors. I hereby accept the appointment as registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agents agrated agent ag	
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 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 with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature, the distribution name of registered agent as a state it explicable. NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THE D DELETE 1 TITLE Change C NAME KAHN, JEROME B. SHRELARORESS 733 W. STATE ROAD 436 \$2001 13 STRELABORESS CHY-SI-ZIP ALTAMONTE SPRING FL DELETE 2 TITLE D Change C C	
PLANTATION FL 33324 84 City FL 85 Zip C 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its region 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 with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, therefore incline of registered agent are ticle agent and ticle agent agent are ticle agent ag	
84 City FL 85 Zp C 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 registored 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 with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature Sign	
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 region 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 with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Sequence, brief or pertoanance of 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 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 and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, third or period name of registered agent are tool deplicable NOTE Registered Agent signature required when renstating) DATE	de
SIGNATURE Signature, special problem in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agricular with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, special problem number of registered agricular accept the obligations of, Section 607.0505, Florida Statutes. NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LITTLE MAM. KAHN, JEROME B. SIREFLADORESS 733 W. STATE ROAD 436 #2001 13 SIREFLADORESS CITY-SI-ZIP ALTAMONTE SPRING FL DELETE 14 CITY-SI-ZIP JACONETTI, GEORGE W. SIREFLADORESS 733 W. STATE ROAD 436 #2001 23 SIREFLADORESS CITY-SI-ZIP ALTAMONTE SPRINGS FL DELETE 3 1 TITLE Change Change Change Change	lored office
SIGNATURE Signature, tyned or person name of registered agent are of real equivable NOTE: Registered Agent signature required when reinstating) DATE	nt. I am
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1 1 TILLE Change	
12: OFFICERS AND DIRECTORS 1 ILF D AAM: KAHN, JEROME B. SIREFLADORESS CITY-SL-ZIP TITLE D ALTAMONTE SPRING FL JACONETTI, GEORGE W. SIREFLADORESS 733 W. STATE ROAD 436 #2001 DELETE 2 1 TITLE 2 1 TITLE Change Change CHY-SL-ZIP ALTAMONTE SPRINGS FL 22 NAME 23 STREET ADDRESS ALTAMONTE SPRINGS FL CHY-SL-ZIP ALTAMONTE SPRINGS FL DELETE 3 1 TITLE Change Change Change Change	
NAME	N 12
True	Addition
ALTAMONTE SPRING FL	
D	
NAME JACONETTI, GEORGE W. 22 NAME STREET ADDRESS 733 W. STATE ROAD 436 #2001 23 STREET ADDRESS CHY-ST-ZIP 24 CHY-ST-ZIP THLE □ DELETE 3 1 TILE : □ Change	
	Addition
CHY-S1-70 ALTAMONTE SPRINGS FL 24 CHY-S1-70	
THEF DELETE 31THEF : Change	
	1 4400
	Addition
3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 City - S1 - ZiP 3.4 City - S1 - ZiP	
ED GUER	Addition
N-ME 42 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
GTM ST ZPP 4.4 CITY - ST - ZPP	
	Addition .
NAME 5.2 NAME	
STREET ADDRESS 53 STREET ADDRESS	
\$4 C(TY - \$1 - 7P)	
DELÉTE 6 1 1 1 T	Addition
NAME 62 NAME	
SUBERT ADDRESS 63 STREET ADDRESS	
64 City-S1-ZiP 14. For hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes	

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 only a place ment with an address

SIGNATURE

MATURE AND TYPED OR PRINTED HAME OF SYSNING OFFICER OR DIRECTOR

1-16-96 407-862-6933

CR2E034 (12/95)