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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L33242

CANALE, INC.

Principal Place of Business 11194-SPRING HILL DRIVE		Mailing Address			1 10011011 000 11260 11110 11011 01010 1101	IIDIK BIBIT BIBIT BIBIT BIBIT		
		11194-SPRING HILL DRIVE						
SPRING HILL	FL 34609	SPRING HILL FL 34609			_			
					DO NOT WRITE IN 1	HIS SPACE		
					3. Date Incorporated or Qualifed 11/29/1989			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applie	ed For	١.
21		26			59-2985105		Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Add		١.
22		27				Fee Requ	iired	
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 Ma		
23	-	28			Trust Fund Contribution	Added to F	Fees	حا
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year			Ī
24	25	29	30		Personal Property Tax.		ÎÑo	
	9. Name and Address of Cu	urrent Registered Agent		81 Name	10. Name and Address of New Registe	red Agent		1
CAN	NALE, ANTONIO			Name		and the state of the		1
368	-CLEARFIELD AVENUE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	The state of the s		
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office or agent. I a	registered agent, or both, in the S am familiar with, and accept the o	7.0502 and 607.1508, Florida Statut State of Florida. Such change was a bligations of, Section 607.0505, Flor	uthorized	by the corpora	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its reg opointment as regist	gistered tered	
office or i	registered agent, or both, in the S am familiar with, and accept the o	State of Florida. Such change was at bligations of, Section 607.0505, Flor	uthorized rida Statu	by the corpora tes.	tion's board of directors. I hereby accept the ap	ppointment as regisi	gistered tered	
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90002 023 ***150.00