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 # L50102

M. GENE CANADA, P.A.

	1		· .		
Principal Place	of Business	Mailing Address		1 18811811 881 8411 89101 11811 88118 1181	
150 FORTENBER	RRY ROAD. #A	150 FORTENBERRY ROAD. MERRITT ISLAND FL 32952		DO NOT WRITE IN THIS	CDACE
	Į.			3. Date Incorporated or Qualifed	· SPACE
		· .		02/06/1990	11
2. Principal Pla	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21	<u></u>	26		59-2987930	Not Applicable
Suite, Apt. 1	≠, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	11.	27			<del></del>
City & State	•	City & State	• •	6, Election Campaign Financing	\$5.00 May Be Added to Fees
23		28	Country	Trust Fund Contribution	
Zip	Country	Zip		This corporation owes the current year in Personal Property Tax.	∐Yes ⊠No
24	25	29	30	10. Name and Address of New Registered	
<u> </u>	9. Name and Address of C	urrent Registered Agent	81 Name	10. 114	
CAN	ADA, GENE	•			
	HIDDEN HOLLOW DR.	•	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	RITT ISLAND FL 32952		83		4 5 4 4 10 6 3
					A than I with him
			84 City	FI	85 Zip Code
SIGNATURE	Signature, typed or printed name of registe	obligations of, Section 607.0505, Flowed agent and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating) : DATE  ADDITIONS/CHANGES TO OFFICERS A	
SIGNATURE		ored agent and title if applicable. (NOTE	Registered Agent signature require	ad which romandig)	ND DIRECTORS IN 12
SIGNATURE  12.  TITLE	OFFICEF D	ored agent and title if applicable. (NOTE	Registered Agent signature require	ad which romandig)	
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing dose 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 supplied ental 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 comporation of the receiver of 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, of the receiver of the composition of

SIGNATURE:

STREET ADDRESS

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90047 011 \*\*\*150.00