

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M56424 (8)

1. Corporation Name

CANAGEMS, INC.



Principal Place of Business

P.O. BOX 1786  
BOCA RATON FL 33429

Mailing Address

P.O. BOX 1786  
BOCA RATON FL 33429

3. Date Incorporated or Qualified

07/30/1987

3a. Date of Last Report

05/16/1995

2. Principal Place of Business

21 PO Box 292066

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale FL

Zip

Country

24 33329-206625

2a. Mailing Address

26 PO Box 292066

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale FL

Zip

Country

29 33329-206630

4. FEI Number

65-0080325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRONKIE, KENNETH S  
935 FERN DRIVE  
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

Jean M. Hedin

82 Street Address (P.O. Box Number is Not Acceptable)

3725 S. Ocean Dr., Apt 806

83

84 City

Hollywood

FL

85 Zip Code

33019

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

Signature, typed or printed name of registered agent and the Applicant.

Jean M. Hedin

(NOTE: Registered Agent signature required when reinstating)

4/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

PD  
NAME BRONKIE, KENNETH S  
STREET ADDRESS 935 FERN DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☒ DELETE

STD  
NAME BRONKIE, JACQUELINE  
STREET ADDRESS 935 FERN DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

954-584-0210

Daytime Phone #

CR2E034 (12/95)