

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 AM 8:56

DOCUMENT # N15306 (6)

1. Corporation Name

CANADIAN AMERICAN BUSINESS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

933 LEE RD
SUITE 400
ORLANDO FL 32810

933 LEE RD
SUITE 400
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1986

3a. Date of Last Report
04/29/1994

4. FEI Number
59-2954907

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 County

29 Zip

30 County

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHART, JOANNE
C/O SOUTHEASTERN INVESTMENT PROPERTIES
933 LEE RD., SUITE 400
ORLANDO FL 32810**

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **RICHART, JOANNE**
STREET ADDRESS **933 LEE RD #400**
CITY - ST - ZIP **ORLANDO FL**

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

Change Addition

TITLE **V/D**
NAME **JOHNSON, D P**
STREET ADDRESS **635 W MICHIGAN**
CITY - ST - ZIP **ORLANDO FL**

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

Change Addition

TITLE **S/D**
NAME **POMERANTZ, SUSAN**
STREET ADDRESS **3419 TRENTWOOD BLVD**
CITY - ST - ZIP **ORLANDO FL**

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

Change Addition

TITLE **T/D**
NAME **PATEL, VIPUL**
STREET ADDRESS **200 S ORANGE AVE**
CITY - ST - ZIP **ORLANDO FL**

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

Change Addition

REMITTED BY MAY 1

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joanne Richart *JOANNE RICHART*

APRIL 27, 1995

409-384-6111