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**Jul 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N15306 (6)**

1. Corporation Name
CANADIAN AMERICAN BUSINESS ASSOCIATION, INC.



Principal Place of Business: **933 LEE RD SUITE 400 ORLANDO FL 32810**

Mailing Address: **933 LEE RD SUITE 400 ORLANDO FL 32810**

3. Date Incorporated or Qualified: **06/10/1986**

4. FEI Number: **59-2954907**

Applied For: Yes Not Applicable

2. Principal Place of Business

21. **555 ARAPAHO TRAIL**

22. Suite, Apt. #, etc.

23. City & State: **MAITLAND, FL 32251**

24. Zip: **32251**

25. Country: **USA**

26. Mailing Address: **555 ARAPAHO TRAIL**

27. Suite, Apt. #, etc.

28. City & State: **MAITLAND, FL**

29. Zip: **32251**

30. Country: **USA**

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name: **JOANNE RICHART**

82. Street Address (P.O. Box Number is Not Acceptable): **555 ARAPAHO TRAIL**

83. City: **MAITLAND**

84. State: **FL**

85. Zip Code: **32251**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Joanne L. Richart - President* DATE: **April 25, 1998**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD, VP, S, T
NAME	RICHART, JOANNE	1.2 NAME	
STREET ADDRESS	933 LEE RD #400	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	LEE BENNETT - DIRECTOR
NAME	JOHNSON, D P	2.2 NAME	201 E. PINE - SUITE 1200
STREET ADDRESS	635 W MICHIGAN	2.3 STREET ADDRESS	ORLANDO, FL 32801
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	TRACEY STOCKWELL - DIRECTOR
NAME	POMERANTZ, SUSAN	3.2 NAME	UNIVERSAL STUDIOS FLORIDA
STREET ADDRESS	5419 TRENTWOOD BLVD	3.3 STREET ADDRESS	1000 UNIVERSAL STUDIOS PLAZA
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	TD	4.1 TITLE	
NAME	PATEL, VIPUL	4.2 NAME	
STREET ADDRESS	200 S ORANGE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 L. Richart (President)* DATE: **April 25, 1998**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E037 (10/97)