

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36446** (5)
 1. Corporation Name
**CANADIAN AMERICAN BUSINESS ALLIANCE OF SOUTH FLO
 RIDA, INC.**



Principal Place of Business 1000 W MCNAB ROAD POMPANO BEACH FL 33069	Mailing Address 1000 W MCNAB ROAD POMPANO BEACH FL 33069
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1990	3a. Date of Last Report 01/31/1995
21	22	26	27	4. FEI Number 65-0172618	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HRAWG CORP 2000 GLADES RD SUITE 400 BOCA RATON FL 33431		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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEARES, VERN	1.2 NAME	
STREET ADDRESS	6362 ASPEN GLEN CIR	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH FL 33437	1.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MINERLEY, KENNETH L.	2.2 NAME	
STREET ADDRESS	2101 CORPROATE BLVD NW	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33431	2.4 CITY - ST - ZIP	
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TOWNSEND, JOHN	3.2 NAME	
STREET ADDRESS	4200 CONGRESS AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL 33461	3.4 CITY - ST - ZIP	
TITLE	DS ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	DUTTON, ANTHONY L.	4.2 NAME	
STREET ADDRESS	2000 GLADES RD., SUITE 400	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE	DV ☒ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	YOUNG, MARK	5.2 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 3180	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	DV ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	BASE, E. RIC	6.2 NAME	
STREET ADDRESS	1450 SW 3RD ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH FL 33069	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony L. Dutton, Sec. 2-28-96 (407) 394-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

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Treasurer
Gill, Richard J.
150 W. Flagler Street, 2nd Fl
Miami, FL 33130