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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N36446 (5)

1. Corporation Name

CANADIAN AMERICAN BUSINESS ALLIANCE OF SOUTH FLO RIDA, INC.

Principal Place of Business	Mailing Address
1000 W MCNAB ROAD POMPANO BEACH FL 33069	1000 W MCNAB ROAD POMPANO BEACH FL 33069-4719

3. Date Incorporated or Qualified: 02/05/1990
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0172618 ☐ 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

HRAWG CORP
2000 GLADES RD
SUITE 400
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 _____ DATE
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	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	DONNELLY, MICHAEL J		3.2 NAME		
STREET ADDRESS	1000 W. MC NAB ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		3.4 CITY-ST-ZIP		
TITLE	S	☐ 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	VP	☒ DELETE	5.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	SIMMS, R. J		5.2 NAME	Richard J. Gill	
STREET ADDRESS	401 W. LINTON BOULEVARD #300		5.3 STREET ADDRESS	150 West Flagler Street	
CITY-ST-ZIP	DELRAY BEACH FL 33444		5.4 CITY-ST-ZIP	~~Miami, FL 33130~~	
TITLE	P	☐ 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		

CR2E037 (9/96)

14. I do 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: Anthony L. Dutton 1/31/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025938