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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46708** (6)

1. Corporation Name

CANBEC CLUB CORP.

Principal Place of Business

Mailing Address

901 N.W. 31ST AVE.
P.O. BOX 306
POMPANO BEACH, FL 33069

7800 W. OAKLAND PARK BLVD.
BLDG. G
SUNRISE FL 33351
US

3. Date Incorporated or Qualified

01/06/1992

4. FEI Number

65-0314345

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3400 GOLFVIEW BLVD.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 POMPANO BEACH, FL.

28

Zip

Country

Zip

Country

24 33069-1115

25

USA

29

30

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

10. Name and Address of New Registered Agent

LAPIERRE, REJEAN
7800 W. OAKLAND PK. BLVD.
BLDG. "G"
SUNRISE, FL 33351

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 ☐ DELETE
NAME D
STREET ADDRESS VALADE, CLAUDE
CITY-ST-ZIP 901 NW 31ST STREET
POMPANO BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS VALADE CLAUDE
1.4 CITY-ST-ZIP 730 BIRDIE LANE
POMPANO BEACH, FL.

TITLE ☐ DELETE
NAME PD
STREET ADDRESS LANDRY, MARC
CITY-ST-ZIP 901 NW 31ST STREET
POMPANO BEACH FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PD
2.3 STREET ADDRESS LANDRY, MARC
2.4 CITY-ST-ZIP 551 FAIRWAY DRIVE
POMPANO BEACH, FL.

TITLE ☐ DELETE
NAME VTD
STREET ADDRESS LA MARCHE, FRANCOIS
CITY-ST-ZIP 901 NW 31ST STREET
POMPANO BEACH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VTD
3.3 STREET ADDRESS LA MARCHE, FRANCOIS
3.4 CITY-ST-ZIP 740 BIRDIE LANE
POMPANO BEACH, FL.

TITLE ☒ DELETE
NAME D
STREET ADDRESS MEUNIER CLAUDE
CITY-ST-ZIP 901 NW 31ST STREET
POMPANO BEACH FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS VERVILLE, RENEE
4.4 CITY-ST-ZIP 3542 GULFVIEW BLVD.
POMPANO BEACH, FL.

TITLE ☐ DELETE
NAME SD
STREET ADDRESS MAJOR, CARMEN
CITY-ST-ZIP 901 NW 31ST STREET
POMPANO BEACH FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME SD
5.3 STREET ADDRESS MAJOR, CARMEN
5.4 CITY-ST-ZIP 541 FAIRWAY DRIVE
POMPANO BEACH, FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature]

CLAUDE VALADE 3/5/98 954-249-8802

CR2E037 (10/97)