SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

A0000670

REINSTATEMENT 99-01

DOCUMENT # N95000004918

1. Corporation Name

CANADIAN-AMERICAN INTERNATIONAL BUSINESS COUNCIL OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
3030 N. ROCKY POINT DR. W., STE. 280 TAMPA FL 33607-5902	3030 N. ROCKY POINT DR. W., STE. 280 TAMPA FL 33607-5902

2. Principal Place of Business 21 7650 W. COURTNEY CAMPBELL CSWY	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22 275	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FLORIDA	City & State 28
Zip / Country 24 33607 25 USA	Zip / Country 29 30

3. Date Incorporated or Qualifed: 10/20/1995

4. FEI Number: 65-0614569 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EKONOMIDES, NICKOLAS C 201 N. FRANKLIN ST., STE. 2350 TAMPA FL 33602	81 Name: EKONOMIDES, NICKOLAS C. 82 Street Address (P.O. Box Number is Not Acceptable): 201 E. KENNEDY BLVD., STE. 1130 83 84 City: TAMPA FL 85 Zip Code: 33602

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] DATE: 11/11/99
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 President & Chairman	☐ DELETE	1.1 TITLE	Steven Meitzen; D	☐ Change ☑ Addition
NAME	TONER, STEPHEN J.		1.2 NAME		
STREET ADDRESS	3030 N. ROCKY POINT DR. W., STE. 280		1.3 STREET ADDRESS	One N. Dale Mabry Hwy. #110	
CITY-ST-ZIP	TAMPA FL 33607-5902		1.4 CITY-ST-ZIP	Tampa, FL 33609	
TITLE	D	☐ DELETE	2.1 TITLE	Andrew Csandy; D	☐ Change ☑ Addition
NAME	DUGAN, PATRICK		2.2 NAME		
STREET ADDRESS	453 EDGEWATER DR		2.3 STREET ADDRESS	581 S. Duncan Ave	
CITY-ST-ZIP	DUNEDIN FL 34698		2.4 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GODDARD, D. ANDREW		3.2 NAME		
STREET ADDRESS	401 E. JACKSON ST., STE. 2100		3.3 STREET ADDRESS	000004217370--8	
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP	-05/15/01 --01082--001	
TITLE	D Secretary	☐ DELETE	4.1 TITLE	D Secretary *****61.25	☐ Change ☐ Addition
NAME	EKONOMIDES, NICKOLAS		4.2 NAME	EKONOMIDES, NICKOLAS C.	
STREET ADDRESS	201 N. FRANKLIN ST., STE. 2350		4.3 STREET ADDRESS	201 E. KENNEDY BLVD., STE. 1130	
CITY-ST-ZIP	TAMPA FL 33602		4.4 CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EKONOMIDES, ANTHONY C		5.2 NAME		
STREET ADDRESS	201 N. FRANKLIN ST., STE. 2350		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BAUMGARTEN, STEVEN A		6.2 NAME		
STREET ADDRESS	4202 E FOWLER AVE., BSN 3403		6.3 STREET ADDRESS	000004217370--8	
CITY-ST-ZIP	TAMPA FL 00		6.4 CITY-ST-ZIP	-05/15/01 --01082--002	

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, with all other like empowered.

SIGNATURE: [signature] Stephen J. Toner 1/3/2000 (813) 282-9[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #