FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:04

DOCUMENT # P12767 (0)

1. Corporation Name
CAN-ED, INC.

Principal Place of Business
201 N. FRANKLIN ST.,STE.2100
P.O. BOX 3433
TAMPA FL 33601

Mailing Address
201 N. FRANKLIN ST.,STE.2100
P.O. BOX 3433
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1987
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 75-1767283 — 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
SAMAHA,STEVEN M.,ESQ.
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	☒ Change ☐ Addition
NAME	WEISLER, MARVIN	1.2 NAME	
STREET ADDRESS	#335, 10909 JASPER AVE.	1.3 STREET ADDRESS	10331 - 178 STREET
CITY - ST - ZIP	EDMONTON,ALBERTA CA	1.4 CITY - ST - ZIP	EDMONTON, ALBERTA, CANADA
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	WEISLER, DONNA	2.2 NAME	
STREET ADDRESS	#335, 10909 JASPER AVE.	2.3 STREET ADDRESS	10331 - 178 STREET
CITY - ST - ZIP	EDMONTON,ALBERTA CA	2.4 CITY - ST - ZIP	EDMONTON, ALBERTA, CANADA
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SISKIND,ROBERT	3.2 NAME	
STREET ADDRESS	#400, 248 PALL MALL ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONDON,ONTARIO CA	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	BAUM,LESTER	4.2 NAME	
STREET ADDRESS	1717 MAIN ST., STE. 4100	4.3 STREET ADDRESS	SUITE 130, 8950 NORTH CENTRAL EXPRESSWAY
CITY - ST - ZIP	DALLAS TX	4.4 CITY - ST - ZIP	DALLAS, TEXAS 75231
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JUNE 16, 1995 (403)486-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP