

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90114 037 ***150.00

DOCUMENT # P12767

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

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 c/o Steven M. Samaha, Esq.

22 201 N. Franklin St., #2100

23 Tampa, FL

24 33602

25 USA

2a. Mailing Address

26 c/o Steven M. Samaha, Esq.

27 P.O. Box 3433

28 Tampa, FL

29 33601

30 USA

9. Name and Address of Current Registered Agent

SAMAH, STEVEN M., ESQ.
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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; no title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD
NAME WEISLER, MARVIN
STREET ADDRESS 13817 SUMMIT DR
CITY-STATE-ZIP EDMONTON AB, CANADA T5N3S8

TITLE ST
NAME WEISLER, DONNA
STREET ADDRESS 1817 SUMMIT DR
CITY-STATE-ZIP EDMONTON AL

TITLE VD
NAME SISKIND, ROBERT
STREET ADDRESS SUITE 303, 252 PALL MALL STREET
CITY-STATE-ZIP LONDON ON N6A 5

TITLE VD
NAME BAUM, LESTER
STREET ADDRESS SUITE 130, 8950 NORTH CENTRAL EXPRESSWAY
CITY-STATE-ZIP DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP London, Ontario, Canada N6A 5P6

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE:

Marvin Weisler, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)