

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12779** (5)  
1. Corporation Name  
**CANLON, INC.**



Principal Place of Business <b>C/O STEVEN M. SAMAHA 801 N FRANKLIN ST., STE 2100 TAMPA FL 33602</b>	Mailing Address <b>C/O STEVEN M. SAMAHA 201 N FRANKLIN ST., STE 2100 TAMPA FL 33602-5813</b>
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3. Date Incorporated or Qualified <b>01/05/1987</b>	3a. Date of Last Report <b>04/20/1996</b>
4. FEI Number <b>75-1767288</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent <b>SAMAH, STEVEN M., ESQ. 201 N. FRANKLIN ST., SUITE 2100 TAMPA FL 33602</b>	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
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISKIND, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>#400, 248 PALL MALL ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON, ONTARIO CAN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISKIND, SHELLY</b>	2.2 NAME	
STREET ADDRESS	<b>#400, 248 PALL MALL ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON, ONTARIO CAN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISLER, MARVIN</b>	3.2 NAME	
STREET ADDRESS	<b>#335, 10909 JASPER AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDMONTON, ALBERTA, CANADA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUM, LESTER</b>	4.2 NAME	
STREET ADDRESS	<b>1717 MAIN ST., STE. 4100</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 changed, or on an attachment with an address.

SIGNATURE:

Robert Siskind/President

April 9, 1997 (519) 672-1585

CR2E034 (9/96)