

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12779** (5)
1. Corporation Name
CANLON, INC.



Principal Place of Business C/O STEVEN M. SAMAHA 201 N FRANKLIN ST., STE 2100 TAMPA FL 33602	Mailing Address C/O STEVEN M. SAMAHA 201 N FRANKLIN ST., STE 2100 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1987	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 75-1767288		Applied For Not Applicable	
22 City & State	27 City & State	6. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	8. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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

**SAMAH, STEVEN M., ESQ.
201 N. FRANKLIN ST., 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
85 Zip Code

FL

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

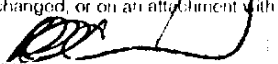
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	☒ Change ☐ Addition
NAME	SISKIND, ROBERT	1.2 NAME	
STREET ADDRESS	#400, 248 PALL MALL ST.	1.3 STREET ADDRESS	Suite 303, 252 Pall Mall Street
CITY-ST-ZIP	LONDON, ONTARIO CAN	1.4 CITY-ST-ZIP	London, Ontario N6A 5P6
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	SISKIND, SHELLY	2.2 NAME	
STREET ADDRESS	#400, 248 PALL MALL ST.	2.3 STREET ADDRESS	Suite 303, 252 Pall Mall Street
CITY-ST-ZIP	LONDON, ONTARIO CAN	2.4 CITY-ST-ZIP	London, Ontario N6A 5P6
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	WEISLER, MARVIN	3.2 NAME	
STREET ADDRESS	#335, 10909 JASPER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDMONTON, ALBERTA, CANADA	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	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	VD
STREET ADDRESS		5.3 STREET ADDRESS	Samaha, Steven M.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	201 N. Franklin St., Suite 2100
TITLE		6.1 TITLE	Tampa, Florida 33602
NAME		6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



/Robert Siskind

February 20, 1998 (519)672-1585

CP2E034 (10/97)