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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9200003519

1, Corporation Name

CANAM	ELEU	I HIC,	INU

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90073 010 ***150.00



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Principal Place	e of Business	Mailing Address				1() PB\$11 BB111 BB18B 1116	1 Ališi šinia izii isti	
1434 10TH ST. LAKE PARK FL	FL 33403 LAKE PARK FL 33403		DO NOT WRITE IN THIS SPACE					
US		U\$			3. Date Incorporated or Qualifed			٦
	•			-	11/06/1992			
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number		Applied For	1
21	•	26			65-0393935		Not Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7	75 Additional	7
22	·	27			5. Certificate of Status Desired	Fe	ee Required	_
City & Stat	e .	City & State			6. Election Campaign Financing	1 1	.00 May Be	-
23		28	<u> </u>		Trust Fund Contribution	Ad	lded to Fees	4
Zip	Country	Zip	Country		8. This corporation owes the cum	ent year Intangible Yes⊡	_	
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New F		, 1,140	1
	9. Name and Address of Current	Registered Agent	81	Name	_			1
BOIL	RASSA, PETER				BOURASSA PEN			_
	10 ST		82	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
	E PARK FL 33403		83	٩.	18 RIVER OR			1
244	2 7 7 11 11 7 2 00 100							_
			84	City	1. = 20	FL 85	Zip Code 33 469	
44 Burnatana	to the avaidance of Sections 607 0503	and 607 1509. Elorida Statutes	the above	-named com	JUESTA	purpose of changir	o its registered	┨
office or r	to the provisions of Sections 607.0502 egistered agent or both, in the State o im familiar with and accept the obligati	f Florida. Such change was auth	orized by t	he corporation	on's board of directors. I hereby accept	t the appointment	as registered	ŀ
agent. I a	m familiar with and accept the obligation				- 201T	1.100	,	
SIGNATURE	Signafuse, typed or printed name of registered agent		ا کرکے کی اور Raistered Agent	signature required	CS, OCHI	1/10/9B		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	ECTORS IN 12	1
TITLE	P	☐ DELETE	1.1 TITLÉ	P_{2}	-	∑ Cha	ange Addition	1
NAME .	BOURASSA, PETER		1.2 NAME		BURASSA, PETER			
STREET ADDRESS	216 FAIRWAY DRIVE EAST		1.3 STREET	ADDRESS 2	L48 RIVER DR			
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST	-ZIP	TEQUESIA FL	<u>33</u> 46		7
TITLE		☐ DELETE	2.1 TITLE			☐ Cha	ange	۱
NAME			2.2 NAME					-
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST	-ZIP			(T) Addition	-
TITLE		☐ DELETE	3.1 TITLE			☐ Cha	ange	'
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4, CITY-ST	r-Z)P			- Addition	4
TITLE		☐ DELETE	4.1 TITLE		·	Cha	ange Addition	1
NAME	·		4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CiTY-ST-ZIP			4.4 CITY-ST	-ZIP		FE3 AL		4
TITLE		☐ DELETE	5.1 TITLE			[] Chi	ange 🔲 Addition	'
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREET	1			,	ļ
CITY-ST-ZIP			6.1 TITLE	:ZIP~= -			ange Addition	;- -
TITLE		DELETE	6.1 IIILE 6.2 NAME	1		☐ Cha	ange [_] Audition	'
N/AL/E	İ		D.Z NAME	ſ				- 1

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 authority with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS