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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073283 (2)

THE CIDE CAN

	FINE CAN MANOFACTORING					
Principal Plac	ce of Business	Mailing Address			i ination (in thing (it is able and it and	3841 16883 Irrid 1881 12183 111 1581
12450 WILES RD CORAL SPRINGS FL 33076 US 12450 WILES RD CORAL SPRINGS FL 33076 US		DO NOT WRITE IN 1 3. Date incorporated or Qualified 10/15/1993	THIS SPACE			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0460637	Not Applicab
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 30	Countr	ý	This corporation owes or has paid the Personal Property Tax due June 30.	ne current year Intangible No
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Registe	ered Agent
12450 7	Fields, Tracy 1244 8-Wiles RD Coral Springs FL 33076		81		Address (P.O. Box Number is Not Acceptable)	
	SORAL SPRINGS FL 33070		83			
		_	84	,		FL 85 Zip Code
11. Pursuant office or agent. 1 a	t to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	and 607.1508, Florida Statutes, of Florida. Such change was aut tlons of, Section 607.0505, Florid	the abou horized b da Statute	e-named y the corp s.	corporation submits this statement for the purpo coration's board of directors. I hereby accept the	use of changing its registered appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered ager OFFICERS AND		egistered Ag	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTORS IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	<u> </u>	ADDITIONOJO IANGEO TO OFFICENC	Change Additio
NAME	MACMILLAN, SUSAN K		1.2 NAME	[1911	

SIGNATURE						
	Signature, typed or printed name of registered agent and title if appl			e required whan reinstating)	DATE	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFI		
TITLE	D	DELETE	1.1 TITLE		Change	
NAME	MACMILLAN, SUSAN K		1.2 NAME	12450		
STREET ADDRESS	-1245 WILES ROAD 12450		1.3 STREET ADDRESS	12430		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 City-St-Zip			
TITLE	D	☐ DELETE	2.1 TITLE	'	Change	Addition
NAME	FIELDS PATRICIA		2.2 NAME		,	
STREET ADDRESS	1248 WILES ROAD 12450		2.3 STREET ADDRESS	12400		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	-	Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST- ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - ST- ZIP			
TITLE		DELETE .	6.1 TITLE		Change	Addition .
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY 67 710			6 4 BITT 6 PT TIO			

filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information all report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address. 14. I hereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if changed, or Block 13 if changed, or Block 13 if changed, or Block 13 if changed,

SIGNATURE:

病E REQUIRED

954-344 6862

FILED

Jan 15 1998 8:00am

Secretary of State

Applied For Not Applicable