


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

FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P94000047415 (2)</b> 1. Corporation Name <b>CANAMER GROUP INTERNATIONAL, INC.</b>		



Principal Place of Business <b>1513 SHADOWBROOK DR. KELLER TX 76248</b>	Mailing Address <b>1513 SHADOWBROOK DR. KELLER TX 76248</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		<b>3. Date Incorporated or Qualified</b> <b>06/24/1994</b>	
				<b>4. FEI Number</b> <b>59-3251182</b> Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>DAVIS, PAUL C CARLTON, FIELDS, WARD, EMMANUEL, ET AL. ONE HARBOUR PLACE, SUITE 500 TAMPA FL 33802</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHARP, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1513 SHADOWBROOK DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KELLER TX 76248</b>	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALETT, HEATHER DENISE</b>	2.2 NAME	
STREET ADDRESS	<b>1513 SHADOWBROOK DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KELLER TX 76248</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as that of an officer or director of the corporation in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, Block 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE

*Robert Sharp*  
**Robert Sharp** 1/29/98

certify that the information submitted with this report is true and accurate and that I am not a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, Block 12 or Block 13 if changed, or of an attachment with an address.

CR2E034 (10/97)