

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000051613**

1. Corporation Name

CANOE BROOK CIRCLE 23, INC.

Principal Place of Business

Mailing Address

**10339 CANOE BROOK CIRCLE
BOCA RATON, FLORIDA 33498**

3. Date Incorporated or Qualified

7/13/94

3a. Date of Last Report

3/21/95

2. Principal Place of Business

2a. Mailing Address

21 **10339 CANOE BROOK CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **BOCA RATON, FL**

27

City & State

City & State

23 **FL**

28

Zip

Country

Zip

Country

24 **33498**

USA

29

30

4. FEI Number

65 6519251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE, FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**800001793978
-04/25/96--01019--026**

84 City

*****200.00**

FL

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

| | | |
|----------------|---------------------------------|--|
| TITLE | D. | <input checked="" type="checkbox"/> DELETE |
| NAME | ROBERT MACKIE | |
| STREET ADDRESS | 10410 CANOE BROOK CIRCLE | |
| CITY-ST-ZIP | BOCA RATON, FL 33498 | |
| TITLE | D. | <input checked="" type="checkbox"/> DELETE |
| NAME | LEWIS DE MARTIN | |
| STREET ADDRESS | 10422 CANOE BROOK CIRCLE | |
| CITY-ST-ZIP | BOCA RATON, FL 33498 | <input type="checkbox"/> DELETE |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | HENRY HOLT | |
| 1.3 STREET ADDRESS | 10336 CANOE BROOK CIRCLE | |
| 1.4 CITY-ST-ZIP | BOCA RATON, FL 33498 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE | D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | DOROTHY BLUM | |
| 2.3 STREET ADDRESS | 10339 CANOE BROOK CIRCLE | |
| 2.4 CITY-ST-ZIP | BOCA RATON, FL 33498 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE | D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | HURST L. DENEFFE | |
| 3.3 STREET ADDRESS | 10434 CANOE BROOK CIRCLE | |
| 3.4 CITY-ST-ZIP | BOCA RATON, FL 33498 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | D. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | ROBERT CARROTTELLI | SAME |
| 4.3 STREET ADDRESS | 10358 CANOE BROOK CIRCLE | |
| 4.4 CITY-ST-ZIP | BOCA RATON, FL 33498 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE | D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | S/L LANGER | |
| 5.3 STREET ADDRESS | 10357 CANOE BROOK CIRCLE | |
| 5.4 CITY-ST-ZIP | BOCA RATON, FL 33498 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.1 TITLE | D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | RALPH HOFFMAN | |
| 6.3 STREET ADDRESS | 10356 CANOE BROOK CIRCLE | |
| 6.4 CITY-ST-ZIP | BOCA RATON, FL 33498 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Dorothy Blum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4/16/96 407 852 7317

CR2E034 (12/95)

4/24/96