SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000072431 (7)**

1. Corporation Name
CANAL STREET CORPORATION

Principal Place of Business	Mailing Address
~~C/O MONIKA FARMER~~	~~C/O MONIKA FARMAR~~
~~726 CAPE CORAL PARKWAY WEST~~	~~726 CAPE CORAL PARKWAY W.~~
~~CAPE CORAL FK 33914~~	~~CAPE CORAL FL 33914~~
~~US~~	~~US~~

3. Date Incorporated or Qualified: 09/29/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 C/o Heller Home Service, Inc.	26 C/o Heller Home Service, Inc.
Suite, Apt. #, etc: 22 5605 S.W. 14th Ave.	Suite, Apt. #, etc: 27 5605 S.W. 14th Ave.
City & State: 23 Cape Coral, FL	City & State: 28 Cape Coral, FL
Zip: 24 33914 Country: 25 USA	Zip: 29 33914 Country: 30 USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$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

SEEMANN, ERNEST A
4729 DEL PRADO BLVD.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ DATE _____
Signature, type or print name of individual and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VON KAPFF, THOMAS DR ~~3317 MAJESTIC COURT~~ ~~CAPE CORAL FL~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D VonKapff, Thomas Dr. Im Rotbad 17 D-72076 Tübingen GERMANY ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~KOEHLER, ERNST~~ ~~3028 DEL RIO COURT~~ ~~CAPE CORAL FL~~	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Ruoff, Friedemann Dr. Wintergasse 6 D-72414 Bangendingen GERMANY ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~STEINBERG, MARK~~ ~~3021 SE 22ND PLACE~~ ~~CAPE CORAL FL~~	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	AS Ernest A. Seemann, Esq. 4729 Del Prado Blvd. Cape Coral, FL 33904 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Seemann, Asst. Secretary 7/10/96 (941) 540-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)
ERNEST A. SEEMANN