FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000084748 (0)**

1. Corporation Name
CAN-AM, INC.

Principal Place of Business	Mailing Address
443 PINELLAS BAYWAY SUITE #109 TIERRA VERDE FL 33715	443 PINELLAS BAYWAY SUITE #109 TIERRA VERDE FL 33715

3. Date Incorporated or Qualified: **11/21/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 100 2nd Ave South	26 100 2nd Ave South
22 Suite, Apt. #, etc. Suite 901	27 Suite, Apt. #, etc. Suite 901
23 City & State St Petersburg FL	28 City & State St. Petersburg FL
24 Zip 33701 25 Country USA	29 Zip 33701 30 Country USA

4. FEI Number: **59-3280559** ☐ 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	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVE CORAL GABLES FL 33134	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	LOWES, DONALD P		1.2 NAME		
STREET ADDRESS	2840 W BAY DR SUITE 215		1.3 STREET ADDRESS	100 Second Ave. S. Suite 901	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SHOLAM RUBINAFF		2.2 NAME	SHOLOM RUBINOFF	
STREET ADDRESS	443 PINELLAS BAYWAY 109		2.3 STREET ADDRESS	100 Second Avenue South Suite 901	
CITY-ST-ZIP	TIERRE VERDE FL 33715		2.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	VD	☐ DELETE	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	MARIO INTINI		3.2 NAME		
STREET ADDRESS	443 PINELLAS BAYWAY 109		3.3 STREET ADDRESS	100 Second Avenue South Suite 901	
CITY-ST-ZIP	TIERRE VERDE FL 33715		3.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	S	☐ DELETE	4.1 TITLE	SECT/TREAS	☒ Change ☐ Addition
NAME	DIANE INTINI		4.2 NAME		
STREET ADDRESS	443 PINELLAS BAYWAY 109		4.3 STREET ADDRESS	100 Second Avenue South Suite 901	
CITY-ST-ZIP	TIERRE VERDE FL 33715		4.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ 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-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 attachment with an address.

SIGNATURE: Diane Intini DIANE INTINI 4/30/96 813 827-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #