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

PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #
1. Corporation Name

SIGNATURE: U

P94000084814 (0)

CANUK ENTERPRISES, INC.

#163 790 E BROWARD BLVD FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33						
US					3. Date Incorporated or Qualified 11/21/1994 3a. Date of Last Report 02/20/1995	
2. Principal P 21	lace of Husiness	2a. Mailing Address 26		4. FEI Number 65-0535495	-	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	75 Additional se Required
City & Stali 23		City & State		Election Campaign Financing Trust Fund Contribution		.00 May Be
Ζιρ 24	Country 25	Z _I p 29	Country 30	This corporation has liability for Florida Statutes	intangible tax unde	rs 199.032,
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New R	legistered Agent	
0.000	*** *****		81 Name			
	AN, LYNN E		82 Street Add	ress (P.O. Box Number is Not Acceptab	ye)	
	17TH ST #163				,	
FT LAU	DERDALE FL 33316		83			
			84 Crty		T _{a=} T	7-0-4
				ration submits this statement for the pur		Zip Code
SIGNATURE 12. THE	D	AND DIRECTORS	OTE: Registered Agent signature require 13. 1. 1 TITLE	od without neurotiating? ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIRECT	
NAME STREET ADDRESS CITY ST-ZP	SACKMAN, LYNN E 757 SE 17TH ST #163 FT LAUDERDALE FL 3331	6	1.2 NAME 1.3 STREET ADDRESS		D ,	
TILE		☐ DELETE	14 CITY - ST - ZIP 2 1 TITLE		☐ Chang	ne Addition
NAM:			2.2 NAME			le [7] Moninou
STREET ADDRESS			2 3 STREET ADDRESS			
City-St ZiP			2 4 CITY - ST - ZIP			
TiT: F		DELETE	3 1 11111		[] Chang	e Addition
NAME			3.2 NAME		C Cumang	Jo [_] 70081011
STHEE! ADDRESS			3 3 STREET ADDRESS			
City St Zip			3.4 CITY-ST-ZIP			
THE		DELETE	4 1 TITLE		☐ Chang	e Addition
NAME:			4.2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY ST-ZIP			4.4 CITY-ST-ZIP			
TIFLE		☐ DELETE	5 1 TITLE		Chang	e
NAME			5 2 NAME			_
STREET ADDRESS			5 3 STREET ADDRESS			
CITY - ST- 7IP			5.4 CITY - ST - ZIP			
11°LE		DELETE	6 1 TITLE		Chang	e Addition
NAMÉ			6.2 NAME			
SPREET ADDRESS			6 3 STREET ADDRESS			
Crity-Si-ZiP			64 CITY-ST-ZIP	-		
 I do hereby certify that oath; that I appears in 	y certify that the information supplie the information indicated on this a Larman officer or director of the co Block 12 or Block 13 if changed, a	ed with this filing is voluntarily furni name report or scipplemental annu- risolation of the receiver or trustee or of appattachinent with an addin	shed and does not qualify figure is true and accurate empowered to execute this ess.	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flo	07(3)ik), Florida Sta same legal effect a xida Statutes; and	tutes. I further s if made under that my name

Fel 27, 96 305-614-