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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400084814 (0)

CANUK ENTERPRISES, INC.

Secretary of State

**FILED** 

Mar 13 1998 8:00am

Principal Place of Business Mailing Address									
757 SE 17 ST % ACCOUNTING & BUSI					INTS INC				
#163 FT LAUDERDALE FL 33316		790 E BROWARD BLVD FT LAUDERDALE FL 33	790 E BROWARD BLVD SUITE 302			DO NOT WRITE IN THIS SPACE			
US US	ALE PL 33310	ri thuuchunte rt 30	FT ENUDERDRUE PE 35301			3. Date Incorporated or Qualified			
•						11/21/1994			
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		T A	pplied For
21		26				65-0535495	Not Applicable		
Suite, Apt.	#, etc	Suito, Apt. #, etc.					e of Status Desired S8.75 Additional		
22		27			6. Certificate of Statos Desired		Fee R	equired	
City & State	D.	City & State			6. Election Campaign Financing \$5.00 May Be				
23		[28]				Trust Fund Contribution			to Fees
Zφ	Country	7 Zup	<b>├</b> ¬			8. This corporation owes or has paid the			
24	25   29		30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	nt Hegistered Agent	8	4 6	lame	10, Name and Address of New Negret	elen vå	9111	
	CKMAN, LYNN E		٦	``  ``					
	7 SE 17TH ST #163		8	2 S	treet Addre	ss (P.O. Box Number is Not Acceptable)			
FT	LAUDERDALE FL 33316		8	3					
			ľ	~					
			8	4 C	ity		FL	<b>85</b> Zip	Code
dd Durayant	to the provisions of Content CO7 Old	ra and 607 1609 Florida State	itas tha abo	WO-03	amed corno	oration submits this statement for the purp		nanging I	ts registered
office or r	egistered agent, or both, in the State	eol Florida. Such change was	authorized I	by th	e corporatio	on's board of directors. I hereby accept the	e appoir	itment as	registered
agent. I a	m familiar with, and accept the oblig	intions of, Section 607.0505, F	lorida Statul	es.					
SIGNATURE	Signature typed or printed name of registered ag-	cost and talk of another able (NC	11. Registered A	oent si	icinature required	d when reinstating)	DATE		
12.		ID DIRECTORS	13.	- Gont G	g coord require	ADDITIONS/CHANGES TO OFFICER	S AND D	RECTO	RS IN 12
TITLE	0	DELETE	1.1 TITLE	F.				Change	Addition
NAME	SACKMAN, LYNN E		1.2 NAM	E					
STREET ADDRESS	757 SE 17TH ST #163		1.3 STRE	ET ADC	PRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33316		1.4 CITY	-S1-ZI	IP				
TITLE		DELETE	2.1 TITLE				L	Change	Addition
NAME			2.2 NAM	E					
STREET ADDRESS			2.3 STRE	ET ADE	DRESS				
CITY-ST-ZIP			2. 4 CITY	Y-ST-2	rIP				
TITLE		☐ DELETE	3.5 1110					Change	Addition
NAME			3.2 NAM	IE					
STREET ADDRESS			3.3 STRE	EET ADO	DRESS				
CITY-ST-ZIP			3.4. CITY	Y - ST - Z	riP				
TITLE		☐ DELETE	41 1111	F			Ε	Change	Addition
NAME			4. 2 NAN	ΛE	- 1				
STREET ADDRESS			4.3 STRE	ET ADI	DRESS				
CITY-ST-ZIP			4.4 CITY		IP		<b>-</b>	<b>-</b>	<b>***</b> ******
TITLE		☐ DELETE	51 TITLE	E	1		L	Change	Addition
NAME			5 2 NAM	1£	1				
STREET ADDRESS			5 3 STAE	EET ADI	DRESS				
CITY-ST-ZIP			5 4 City		IP .			3.65	4.4396-
TITLE		☐ OFLETE	6 1 TITL	E			L	_ Change	Addition
NAME			62 NAM		1				
STREET ADDRESS	_	_	63 STRE	EET ADI	DRESS				
CITY-ST-ZIP		)	64 CITY	/-ST-Z	IP .				
14. I hereby o	certify that the information supplied v	vittythis flylig does not qualify all unnual report is true and as	for the exen	nptior	n stated in S ny sionatura	Section 119.07(3)(i), Florida Statutes. I funt e shall have the same legal effect as if ma irred by Chapter 607, Florida Statutes; and	her certii ade unde	iy that the er oath: th	a intormation   nat I am an
officer or	director of the corporation of the ro	over of trustee empowered to	o execute th	s rep	ort as requi	ired by Chapter 607, Florida Statutes; and	that my	name ar	opears in
Block 12	or Block 13 if changer, or bo and the	ichnight with an address.				,			