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| N 12<br>] Addition | 34 (11/98 |
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## .. FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000008873 1, Corporation Name

TOUCAN ENTERPRISES, INC.

| Principal Place of Business |  | Mailing Address  |  |  |
|-----------------------------|--|--|--|--|
|                             | OT N.W. 114 AVENUE<br>RAL SPRINGS FL 33065 | 4691 N. UNIVERSITY DR.<br>STE. 346<br>CORAL SPRINGS FL 33067<br>US |  |  |
| 2.                          | Principal Place of Business                | 2a. Mailing Address  |  |  |
| 21                          |  | 26   |  |  |
|                             | Suite, Apt. #, etc                         | Suite, Apt #, etc  |  |  |
| 22                          |  | 27   |  |  |
|                             | City & State                               | City & State   |  |  |
| 23                          |  | [28]   |  |  |
|                             | Zip Country                                | Zip Country  |  |  |
| 24                          | 25   | [29]   |  |  |
|                             | 9, Name and Address of                     | Current Registered Agent   |  |  |
|                             | AMERII AWYER                               | 81 Name<br>Spi   |  |  |

343 ALMERIA AVENUE

CORAL GABLES FL 33134

10. Name and Address of New Registered Agent iegel & Utrera, P.A. Address (P.O. Box Number is Not Acceptable) 82

65-0554513

| 343 | Almeria | Avenue |
|-----|---------|--------|
|     |         |        |

3. Date Incorporated or Qualified 02/02/1995 4. FEI Number

\$. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

|   | corar Gables   | FL   1 33134                       |
|---|--|------------------------------------|
| 1. Pursuant to the provisions of Sections 607.0502 art 607.1508, Florida Statutes, the above n  | amed corporation submits this statement for the pu                     | propose of charging its registered |
| office or registered agent, or both, in the State of Fairida. Such change was authorized by the                                       | <ul> <li>corporation's board of directors. Thereby accept t</li> </ul> | the appointment as registered      |
| office or registered agent, or both, in the State of Florida Such change was authorized by the agent. I am famil Spring the statutes. | 77   | 116 66                             |
| SIGNATURE BV:   | 45/  | 13 107                             |

83 84 City

| SIGNATURE      | By: Signature, typed or priNatral its / officera: | Vice*Pr    | esidentoe          |
|----------------|---|------------|--------------------|
| 12.            | OFFICERS AND DIRECTOR                             | RS TO ST   | 13.                |
| TITLE          | P   | []DELETE   | 11TITLE            |
| NAME           | Galski, daniela m                                 |            | 12 NAME            |
| STREET ADDRESS | 10722 LA PLACIDA DRIVE, UNIT B-4                  |            | 13 STREET ATIONESS |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33065                            |            | 14 C/1Y-\$1-Z/P    |
| TITLE          |   | [] DELETE  | 2 1 THLE           |
| NAME           |   |            | 2.2 NAME           |
| STREET ADDRESS |   |            | 2.3 STREET ADDRESS |
| CITY+ST-ZIP    | <u></u>   |            | 2 4 City-St-ZiP    |
| TITLE          |   | [ ] DELETE | 3 1 7 17 LE        |
| NAME           |   |            | 3.2 NAME           |
| STREET ADORESS |   |            | 33 STREET ADOR: SS |
| CITY-ST-ZIP    |   |            | 34 CITY-ST-ZiP     |
| TITLE          |   | [ ] DELETE | 4.1.1/ILE          |
| NAME.          |   |            | 4 2 NAME           |
| STREET ADDRESS |   |            | 43 STREET ADDRESS  |
| CITY-ST-ZIP    |   |            | 44 CiTY-ST-ZIP     |

3/1<u>S</u> are twhen to islating. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I

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SECRETARY OF STATE INCLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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Applied For

Fee Required

\$5.00 May Be

Added to Fees

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85 Zio Code

Not Applicable \$8.75 Additional

[ ] Change

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[ ] Change [ ] Addition

64 CITY- ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing 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 logal 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 chapter 6 or on an attachment with an address, with all other like empowered.

6.2 NAME

5 ) Tille

54 CITY-ST-ZIF

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

[ | DELETE

[ ] DELETE