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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

. A LABORDA (KR. LAIR) BOKA DANIL BOKA ROMA BALAR AKRIB KKALE KRIBO LIDIR KRIB KRIBO

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022929 (0)

CANE ENABLE, INC.

Principal Place of Business Mailing Address						1 18011001 118 IBIBI BIIRI 00111 00111 00111	I uu inu ni s na muka kema k	1888 1811 (88F
#35 INDIANA 8 HOLLYWOOD F			335 INDIANA ST. HOLLYWOOD FL 33019-1239					
1 14 14 1						3. Date Incorporated or Qualified 03/21/1995	03/12/1996	
2. Principal P	lace of Business	2a. Mailing /	2a. Mailing Address			4. FEI Number 65-65	66540	Applied For
21		26				Not Applicable Not Applicable		
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & State	ө	City & St	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country		Zip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30				Florida Statutes Yes No			
·	9. Name and Address of Curi	rent Registered Age	nt			10. Name and Address of New Re	gistered Agent	
	E, ROBERT			81	Name			
	Indiana St. Lywood FL 33019		i		Street Addr	ress (P.O. Box Number is Not Acceptable)		
TIOL	E14100D E 33019			83				
				84	City	***************************************	₽-1 85 Zi	p Code
								•
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	i502 and 607,1508, F ate of Florida. Such c ligations of, Section (lorida Statutes, th hange was autho 507.0505, Florida	ic abovo rized by Statutes	e-named corp the corporal s.	poration submits this statement for the p lion's board of directors. I hereby acce	ourpose of changing pt the appointment a	its registered as registered
SIGNATURE	Signature, typed or printed name of registered	sout no the 2 sunt Ale	- M-2010-10	all in a Aire		and the Total Control of the Control	542	
12.		AND DIRECTORS	· · · - · · · · · · · · · · · · · · · ·	13.	en signarore regun	red when relistating) ADDITIONS/CHANGES TO OFFICE	DATE DEDS AND DEDECTO	100 INI 12
TITLE	D		1 C. S. C. S. C. S. C.	1.1 11/LE		ADDITIONOJONANGEO TO OTTE	Change	
NAME	GALE, ROBERT	-		1.2 NAME		-	La ondige	/
STREET ADDRESS	335 INDIANA ST.		1.3 STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33019				i i			ļ
TITLE	D DELETE			1.4 CHY+S 2.1 THLE	1.21		Change	e Add-tion
NAME	MELTZER, BRYANT	_		2 2 NAMI				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	335 INDIANA ST.			2 3 STREET	ADDOCCC			
CITY-ST-ZIP	HOLLYWOOD FL 33019			2 4 CHY-5				
TITLE				3 1 THLE	21-71		Change	e Addition
NAME		_		3 2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - S				
TITLE		Τ	T 12 77 2 77 77 77 77 77 77 77 77 77 77 77	3 1 117LE			Change	e Add:tion
NAME		_		4 2 NAME				
STREET ADDRESS				4 3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	1 - 74P			
TITLE			,	5 1 111LE			Change	e Addition
NAME				5 ? NAME				
STREET ADDRESS				5 3 \$1REET	ADDRESS			
CITY-ST-ZIP				54 CITY-S				j
TITLE		π		5 1 11TLE			☐ Change	e Addition
NAME				S 2 NAME			- •	
STREET ADDRESS				S 3 STREET	ADDRESS			
			I ,					

14. Ido hereby 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 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