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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

1996

P95000030771 (6) **DOCUMENT #**

CAN - CAR ENTERPRISES, INC.

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5926 MICHAUS BOCA RATON		5926 MICHAUX STREET BOCA RATON FL			
				3. Date Incorporated or Qualified 04/17/1995	3a. Date of Last Report
2. Principal Pla		2a. Mailing Address		4. FEI Number	Applied For
1 5926	MICHAUX ST	26 5926 ml	CHAUX ST	65-059136	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 BOCA RA	ITON PL	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 4 334	Gountry	29 33433	30 USA	This corporation has liability for in Florida Statutes Provide Statutes	□No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	, John E Federal Hwy Ste 312		82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)
	ATON FL 33432		83		
	•		84 City		FL 85 Zip Code
<u>'</u>	ta the provisions of Sections 607.0502 a				
SIGNATURE	ed agent, or both, in the State of Fland, th, and accept the obligations of Section Signal as tipocomputations of agent agent				CATS
			E Registrant April Separation request	who reside g	
	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
Tiruf	DRESIDENT-SECKETHE	OFFICTORS	13.	ADDITIONS/CHANGES TO OFFI	
Tiruf	DRESIDENT-SECKETHE	OFFICTORS	13. 1 * tETF 1 2 NAME	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE NAME	DRESIDENT-SECKETHE	OFFICTORS	13. 1 1 101E 12 NAME 13 STREET ACORESS	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CHY+ST-ZIP		ORECTORS Y-AIRECTORS ST C \$ \$ 4 \$ \$	13. 1 * 16*1E 12 NAME 13 STHEEL ACHRESS 14 CHY - ST-ZIP	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHY+ST-ZIP DTLE	DRESIDENT-SECKETHE	OFFICTORS	13. 1 * 10*1E 12 NAME 13 STREET ALORESS 14 CU 5 * ST- ZIP 2 * 1 TIL, E	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
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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 on on an attachingst with an abuse the same appears in Block 12 or Block 13 if changed on on an attachingst with an abuse the same appears in Block 12 or Block 13 if changed on on an attachingst with an abuse the same appears in Block 12 or Block 13 if changed on on an attachingst with an abuse the same legal effect as if made under one of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

04-40-96 [467]361-1658

CR2E034 (12/95)