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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000038784 (1)

## **FILED** Mar 13 1998 8:00am Secretary of State

ANUY	S CANVAS	INC.								
Principal Plac	e of Business		Maili	ing Address				- 1 400010001 100 10005 01415 00145 60011 00416 0010	\$	EDREI OTER HODE
501-2 SW 21			501-2 SW 21 TERRACE							
	DALE FL 33312		FT. LAUDERDALE FL 33312							
							DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified 05/15/1995		
2. Principal P	Place of Busine	ess	2a. Mailing Address				4. FEI Number		Applied For	
21			26				65-0598598	<del></del>	Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					\$8.7	Additional	
22			27				5. Certificate of Status Desired	Fee	Required	
City & State			City & State				6. Election Campaign Financing	\$5.0	O May Be	
23			26					Trust Fund Contribution	Adde	d to Fees
<b>Z</b> ip	-	Country	z	<u>'ip</u>	$\vdash$	untry	ı	8. This corporation owes or has paid the		
24		5	29	- d d u i	30	-1	<u> </u>	Personal Property Tax due June 30.  10. Name and Address of New Register	Yes	□ No
1/5	<del></del>	nd Address of Current	Hegister	rea Agent		81	Name	10. Name and Address of New Register	ad Agent	
	RIMMER, AND					"	ivaine			
2721 SW 18TH STREET FORT LAUDERDALE FL 33312						82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
FU	JKI LAUDEKI	DALE FL 33312				В3				<del></del>
						~				
						84	City		<b>85</b> Zi	p Code
44 Dimerion	to the provision	no of Continue CO7.0500	and CO7	1500 Florido Stati	utos tho s	1	named corns	pration submits this statement for the purpos		ite registered
office or r	reni <b>st</b> ered ane	nt or both, in the State of	of Florida	Such change was	s authorize	ed hv	the corporation	on's board of directors. I hereby accept the	appointment :	as registered
agent. I a	am familiar with	, and accept the obliga	tions of, S	Section 607.0505, F	∃torida Sta	atutes	<b>5.</b>			
SIGNATURE	Signature, broad or	printed name of registered agen	l and title if a	annicable (NC	OTF Register	ed Ane	nt signature required	d when reinstating) DAT	. <u></u>	
12.	O'S' Marie, cyprod to	OFFICERS AND			13.		organization	ADDITIONS/CHANGES TO OFFICERS /		ORS IN 12
TITLE	PSD			☐ DELE <b>te</b>	1.1 T	TITLE			☐ Change	e Addition
NAME	KRIMMER	, andrew			1.2 1	NAME				
STREET ADDRESS	2721 SW	18TH STREET			1.3 \$	STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUD	ERDALE FL 33312			1.4 0	CITY-SI	T-ZIP			
TITLE				☐ DELETE	2.1 T	TITLE	1		Change	Addition
NAME					2.2 N	MAME				
STREET ADDRESS					230		ADDRESS			
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NAME				☐ DELE <b>TE</b>		CITY-S	- 1	:	☐ Change	e Addition
I I I				☐ DELE <b>TE</b>	2.40	CITY-S TITLE	- 1	: 	☐ Change	: Addition
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I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.