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Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 05 1997 8:00am

Secretary of State

1-20-97 (561)770-0116

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022461 (3)

CANE, SPLINE, RUSH & SUCH, INC.

65 1ST CT. SW 65 1ST CT. SW VERO BEACH FL 32962-3422 VERO BEACH FL 32962 3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 85 0649043 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **BUCK, SHARRON G 65 1ST CT. SW** 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32982 83 84 Zip Code 85 11. Pursulant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE or appear or print. If no experience agent and the if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DELETE Change Addition THE 1.1 3/11/5 BUCK, SHARRON G KAV: 1.2 NAME **65 1ST CT. SW** 1.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32962 1.4 CITY-ST-ZIP CHTY - ST - ZIF DELETE 2.1 1/TLE Change ___ Addition TiTus MW: 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CHY-ST-ZIP CHY-S1-ZIP DELETE Change TITLE 31 TITLE Addition NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP COTY - \$1 - 26 DELETE Change Addition THE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP DELETE Change Addition TELL 5.1 TITLE **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP DITY ST 3P DELETE Change Addition TILLE 6.1 TITLE MAMA 6.2 NAME STREET ASJURESS 6.3 STREET ADDRESS 6.4 CITY - S1 - ZIP 14. I do hereby certify that the information supplied with this filling 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