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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000025184 (8)

C.A.N. ENTERPRISES, INC.

FILED Apr 29 1998 8:00am Secretary of State



RESEA NORTHWEST 102ND WAY PARKLAND FL 30076 2. Principal Place of Business 2. S. Mailing Address 3. Date incorporated or Cualified 303/20/1988 2. Principal Place of Business 3. E. Mailing Address 3. Enter North Place 3. Date incorporated or Cualified 303/20/1988 3. Suite, Apt. #, olic 3. Suite, Apt. #, olic 3. Suite, Apt. #, olic 3. Cury & State 3. Election Campaign Financing 3. Date incorporation of the Current Place Place 3. Date Place Place 3. Election Campaign Financing 3. Date Place Place 3. Election Campaign Financing 3. Date Place 3. Election Campaign Financing 3. Date Place 3. Date Place 3. Date Place 3. Election Campaign Financing 3. Date Place 3. Election Campaign Financing 3. Date Place 3. Dat	Principal Place of Business		Mailing Add	Mailing Address						* 81191 (124	6.5. 155.
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9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 3.43 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 City	⊢ `	— <i>⊢</i>	<u> </u>		·	,				-	
AMERILAWYER CHARTERED 343 ALMERA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 84 City FL 86 Zip Code 85 Zip Code 86 City FL 86 Zip Code 86 Zip Code 87 City FL 86 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 8											
AND ALMERIA ATKINUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or repistered agent, or both, in the Strike of Horiza, Such change was authorized by the corporation's board of directors. Therefore accept the depondence of the submits with an accept the depondence of Sections 607 0505. Provided Statutes SIGNATURE SIGNATURE 12. OFFICE IS AND DRILL CIONS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE PSTD NEW ANALY, CAROL A 12 ANAL NEWMAN, CAROL A 22 ANAL 23 SIRET ADRESS CITY-ST-ZP PARKLAND FL 33076 14. CITY-ST-ZP 15. TITLE 16. Change Addition NAME 23 SIRET ADRESS CITY-ST-ZP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 16. Change Addition NAME 24 CITY-ST-ZP 16. Change Addition NAME 17. ST-ZP 18. Change Addition NAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. STREET ADRESS CITY-ST-ZP 19. Change Addition NAME 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. STREET ADRESS CITY-ST-ZP 19. Change Addition NAME 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. STREET ADRESS CITY-ST-ZP 19. Change Addition NAME 19. STREET ADRESS CITY-ST-ZP 10. Change Addition 10. Change Addi					81	T 1	Name	10, traine the manage of the treat			
CORAL GABLES FL 33134 B3											
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lits registered office or registered agent, or both; in the State of Llorida. Such change was authorized by the corporation's board of directors. I hereby accept the explointment as registered office or registered agent, and familiar with, and accept the obligations of. Section 607 0505, Florida Statutes. SIGNATURE 12.					82	! !	Street Addre	ess (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions 607 0502 and 602 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the deligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the deligations of, Section 607 0505, Florida Statutes SIGNATURE SIGNATURE OF I CE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSTD NAME NEWMANN, CAROL A 6284 NORTHWEST 102ND WAY 13 STREET ADDRESS CITY-ST-2P PARKLAND FL 33078 14 CITY-ST-2P 14 CITY-ST-2P 15 TITLE DELETE 2 1 TITLE DELETE 3 1 TITLE DELETE 4 TITLE DELETE 5 1 TITLE DELETE 5 1 TITLE DELETE 5	U	ORAL GABLES FL 33134			99	+-					
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11. Pirsuant to the provisions of Sections 607 0507 and 607 1508, Florida Statutes office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE					84	17	City			85 Zip	Code
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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

SIGNATURE: