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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000026430 (4)

CANARSIE, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



MANA COREST							
GREENACRES	HILL BLVD FL 33415	6304 FOREST HILL BLVI GREENACRES FL 33415					
					3. Date Incorporated or Qualified 03/26/1996	3a. Date of La	st Report
2. Pripcipal P	lace of Business	2s. Mailing Address			4. FEI Number		Applied For
21 4304	Forest Hill BLVD	26 SAME			65-0654347		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State CREENACRES FL		City & State		Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip 33	415 Country	Zip 29	Country 30	,	8. This corporation has liability for in	ntangible tax und Yes No	er s. 199.032,
	g. Name and Address of Current		1001		10. Name and Address of New Re		
EDE	EMAN, SUSAN		81	Name			
	4 FOREST HILL BLVD		<u></u>		SAME		
	ENACRES FL 33415		82	Street Add	dress (P.O. Box Number is Not Acceptab	ie)	
Uni	LIMONEO FE 03710		83				
			84	City		FL	Zip Code
11. Pursuarit	to the provisions of Sections 607.0502	and 607.1508, Florida Stat	utes, the abovi	e named cor	rporation submits this statement for the p	urpose of changir	ng its registered
agent La	egistered agent, or both, in the state o m familiar with and accept the obligat	ions of Section 607.0505, I	s authorized by Florigie Statute:	y the corpore s.	rporation submits this statement for the pation's board of directors. I hereby accept	it trie appointmen	as registered
SIGNATURE	X Samo		Kres			4-21-	97
SIGNATORE	- / _ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
	Slauetire, typied or printed name of registered agent	and title it applicable. (N	TE: Registered Apr	ent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AND		OTE: Registered Apr 13.	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
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4. I do 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 chapter 6, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-21-17

433-5600 Daytime Phone I