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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## 1999

| DOCUMENT # <b>P96000032862</b>  |   |                                    |                                | )  |                                      |
|---|---|------------------------------------|--------------------------------|--|--------------------------------------|
| 1. Corporation Name   |   |                                    |                                |  |                                      |
| CANE C  | APITAL GROUP, INC.  |                                    |                                | 4 100 C10 C1 C10 C10 C10 C10 C10 C10 C10   |                                      |
|   | •   |                                    |                                |  |                                      |
| Dringinal Place   | of Business   | Mailing Address                    | <del></del>                    |  | 18 14118 1188) 18118 81118 1181 1881 |
| Principal Place of Business Mailing Address 4699 N FEDERAL HIGHWAY 4699 N FEDERAL HIGHWAY   |   |                                    |                                |  |                                      |
| SUITE 202-D   | AL FIGURA   | SUITE 202-D                        |                                |  |                                      |
| POMPANO BEACH FL 33064 POMPANO BEACH FL 33064   |   |                                    |                                | DO NOT WRITE IN THI  | S SPACE                              |
| US  | · Profession ·  | US                                 | <del>-</del>                   | 3. Date incorporated or Qualifed 04/15/1996  | <u>.</u>                             |
| 2. Principal Place of Business 2a. Mailing Address  |   |                                    |                                | 4. FEI Number  | Applied For                          |
| 21 26   |   | 26                                 |                                | 65-0671907   | Not Applicable                       |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                |                                | 5. Certificate of Status Desired   | \$8.75 Additional                    |
| 22 27   |   | 27                                 |                                | 3. Certificate of Grands Secured   | Fee Required                         |
| City & State  |   | City & State                       |                                | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees       |
| Zip   | Country   | Zip                                | Country                        | 8. This corporation owes the current year li   | ntangible                            |
| 24  | 25  | 29 30                              |                                | Personal Property Tax.   | ☐Yes <b>X</b> No                     |
| 1   | 9. Name and Address of Current  | Registered Agent                   |                                | 10. Name and Address of New Registered   | 1 Agent                              |
| 050   | ARR ORFOORY   |                                    | 81 Name                        |  |                                      |
| GERARD, GREGORY   |   |                                    | 82 Street Add                  | dress (P.O. Box Number is Not Acceptable)  |                                      |
| 9829 ERICA COURT  |   |                                    |                                |  |                                      |
| BOCA RATON FL 33496   |   |                                    | 83                             |  |                                      |
|   |   |                                    | 84 City                        |  | 85 Zip Code                          |
|   | •   |                                    |                                | F  |                                      |
| 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 its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered |   |                                    |                                |  |                                      |
| oπice or re<br>agent. I ai  | egistered agent, or both, in the State on familiar with, and accept the obligat | ions of, Section 607.0505, Florida | a Statutes.                    | H 91 /   | 1                                    |
| SIGNATURE   | Ans Ask   |                                    | in Gera                        | ird / and / 4/1  | 18/99                                |
|   | Signature, typed or ported name of registered agen                              |                                    | gistered Agent signature requi |  | ND DIDECTORS IN 49                   |
| 12.   | P OFFICERS AN   | D DIRECTORS                        | 13.<br>1,1 TITLE               | ADDITIONS/CHANGES TO OFFICERS A  | Change Addition                      |
| TITLE   | GERARD, GREGORY R   | □ prtrir                           | 1.2 NAME                       |  |                                      |
| NAME  | 9829 ERICA COURT  |                                    |                                |  |                                      |
| STREET ADDRESS  | BOCA RATON FL 33496   |                                    | 1.3 STREET ADDRESS             |  |                                      |
| CITY-ST-ZIP<br>TITLE  | BOCA HATON I E 35430  | ☐ DELETE                           | 1.4 CITY-ST-ZIP                |  | ☐ Change ☐ Addition                  |
| ·NAME   |   |                                    | 22 NAME                        | ينع مستعمل والراب بالماسين الشارة  |                                      |
|   |   | •                                  | 2.3 STREET ADDRESS             |  |                                      |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                                    | 2. 4 CITY-ST-ZIP               | •  |                                      |
| TITLE   |   | ☐ DELETE                           | 3.1 TITLE                      |  | ☐ Change ☐ Addition                  |
| NAME  | •   |                                    | 3.2 NAME                       |  |                                      |
| STREET ADDRESS  | •   |                                    | 3.3 STREET ADDRESS             |  |                                      |
| CITY-ST-ZIP   |   |                                    | 3.4. CITY-\$T-ZIP              |  |                                      |
| TITLE   |   | ☐ DELETE                           | 4.1 TITLE                      | The state of the s | ☐ Change ☐ Addition                  |
| NAME  |   |                                    | 4. 2 NAME                      |  |                                      |
| STREET ADDRESS  |   |                                    | 4.3 STREET ADDRESS             |  | :                                    |
| CITY-ST-ZIP   | •   |                                    | 4.4 CITY-ST-ZIP                |  |                                      |
| TITLE   | · ·   | ☐ DELETE                           | 5.1 TITLE                      | •  | ☐ Change ☐ Addition                  |
| NAME  |   |                                    | 5.2 NAME                       |  | •                                    |
| STREET ADDRESS  | •   |                                    | 5.3 STREET ADDRESS             |  |                                      |
| CITY+ST-ZIP   | ran Maria   |                                    | 5.4 CITY-ST-ZIP                |  |                                      |
| TITLE   | · ————————————————————————————————————  | ☐ DELETE                           | 6.1 TITLE                      |  | Change Addition                      |
| NAME  |   |                                    | 6.2 NAME                       |  |                                      |
| STREET ADDRESS  |   |                                    | 6.3 STREET ADDRESS             |  |                                      |

14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP