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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000046417 (7)

CANVAS PRODUCTS ENTERPRISES, INC.

**FILED** Apr 02 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					4 reastrest the table Bottl Beitt Beitt Beitt Beitt	1 BIBLIN MILLI MINER	I P) \$44 PUB1 FBB1
2376 S.W. 14TH STREET 2376 S.W. 14TH STRE POMPANO BEACH FL 33062 POMPANO BEACH FL							
					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualified		
Principal D	None of Durings				05/31/1996	<del></del>	
	lace of Business	2a. Mailing Address			4, FEI Number		pplied For
21 Suite Ant	# ata	26			65-0671032	<del></del>	ot Applicable
		Suite, Apt #, etc.	]		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
LIIV & SIGIO					Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees
[ Zip	Country	Zip ──1	Countr	У	8. This corporation owes or has paid the c		
24	25		30		Personal Property Tax due June 30.		] No
	9. Name and Address of Curren	it Registered Agent		1	10. Name and Address of New Registere	d Agent	
	EREZ, JORGE		81	Name			
6003 N.W. 31ST AVE.			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33309			83	J.,			
			84	City		85 Zip	Code
dd Disassant	4. 10			<u> </u>	F,	<u> </u>	
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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.							
SIGNATURE Signature typed or provide name of registered agent and tritle if applicable (NOTE: Registered Agent signature required when reinstating):  DATE							
12.	OFFICERS AND		13.	ent a gristation to	ADDITIONS/CHANGES TO OFFICERS AN	ID DIBECTOR	20 IN 10
TITLE	D	☐ DELETE	1.1 TITLE	·- ·	ADDITIONS CHANGES TO OFFICERS AF	Change	Addition
NAME	SHAFER, NORMA		1.2 NAME				
STREET ADDRESS	811 S.E. 6TH AVE.			ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 3306	10	1.4 CITY-				
TITLE	Р	DELETE	2.1 TITLE	21_2		Change	Addition
NAME	Bylinsky, steve		2.2 NAME				
STREET ADDRESS	2376 S.E. 14 ST		2.3 STREE	ADDRESS			ŀ
CITY-ST-ZIP	POMPANO BEACH FL		2 4 CITY-		•		
TITLE		DELETE	3.1 TITLE		TO THE STATE OF TH	Change	Addition
NAME			32 NAME	1			
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY -				
TITLE		DELETE	4.1 TITLE	<del> </del>		Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-1				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	ļ			_
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY - 5				
TITLE		DELETE	6.1 TITLE			Change	Addition
HAME		_	6.2 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CITY-ST-ZIP							
##   hereby o	and the standard of the standa	20 0 1 20	6.4 CITY-S	I - ZIP			

r nereby 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 pn an attachiment with an address.