


FILE NOW FILING FEE AFTER MAY 14T IS \$550.00

FILED

May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

CANAC KITCHENS OF S.W. FLORIDA, INC

096000065035

Principal Place of Business 2198 MAIN STREET SARASOTA, FL 34237 US	Mailing Address 2198 MAIN STREET SARASOTA, FL 34237 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/05/1996	4. FEI Number 65-0698599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent JAENSCH, PETER J 2198 MAIN STREET SARASOTA, FL 34237	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS			
TITLE D	NAME ATTREE, JULIAN	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2890 Palm Beach Blvd	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP Ft. Myers, FL 33916	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	53 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	700002534607	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	-05/26/98--01022--044	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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, and is included in an attachment with an address.

Julian Attree Director

Julian Attree 04/30/98 941-366-9841

CR2F034 (10/97)