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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079790 (7)

CANCUN TWO, INC

FILED May 18 1998 8:00am Secretary of State

| CANCON TWO, INC. | | | | | | | | |
|------------------|--|----------------------|-----------------------------|-----------------|----------------------|--|----------------|------------------------|
| | | | | | | | | |
| Principal Place | of Business | Mailing Add | ress | | | 1 130(120) 110 10110 01(11 02(1) 00(1) 00(1) | | Ball Ball (bal |
| 22 W LAKE BE | AUTY OR | 22 W LAKE | 22 W LAKE BEAUTY DR | | | 1 | | |
| LAKE BEAUTY | BLDG. SUITE 304 | LAKE BEAU | LAKE BEAUTY BLDG. SUITE 304 | | | | | |
| ORLANDO FL | 32806 | ORLANDO F | ORLANDO FL 32806 | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualified | | 1 |
| 6 Delevier I De | and Duni | | | | | 09/25/1996 | | |
| | ace of Business | - }-¬ | 2a. Mailing Address | | | 4. FEI Number | ⊢ + | Applied For |
| 21 | | | 26 | | | 59-3410187 | | lot Applicable |
| Suite, Apt # | f, OC. | <u> </u> | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 | Additional Required |
| City & State | | City 8 St | City & State | | | | ··· | |
| – | | ⊢n ′ | ŋ ´ | | | 6. Election Campaign Financing | | May Be |
| Zip Country | | 28 | Zip Country | | | Trust Fund Contribution | | |
| | | | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes S No | | |
| 24 | 25 Name and Address of Curren | 29 | | 01 | | 10. Name and Address of New Reg | | <u> </u> |
| | | r megisteren Age | ···· | 81 | Name | IO. Hallie and Addiess of New Neg | istorou Agorit | |
| | HAM, JESSE E | | | " | Maine | | | |
| | N NEW YORK AVE | | ļ. | | Street Addre | ess (P.O. Box Number is Not Acceptable | e) | |
| | RD FLOOR | | | 83 | | | | |
| WN | Ter Park Fl 32789 | | | | | | | |
| | | | | 84 | City | | FL 85 Zip | Code |
| 44 Pursuant to | n the provisions of Sections 607.0502 | 2 and 607 1508. F | lorida Statutes | the above | -named coro | oration submits this statement for the pu | • • • | its registered |
| office or re | paistered agent, or both, in the State | of Florida, Such c | hange was aut | thorized by | the corporati | on's board of directors. I hereby accept | | |
| agent. I ar | n Tam iliar with, and accopt the obliga | itions of, Section (| 607.0505, Florid | da Statutes | | | | |
| SIGNATURE | | | | | | | DATE | |
| 12. | Signature: typed or prefect uses of log exceed asject OF LICERS AND | | (NOTE: F | 13. | nt signature require | ad when reinstating) ADDITIONS/CHANGES TO OFFICE | | DC IN 12 |
| TITLE | D | | DELETE | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICE | Change | |
| | ROSENTHAL, MARKKU T | _ | _ DECENE | 1.2 NAME | | | onango | |
| BICOOD LOUIS AC | | | | | | | | |
| | | | 1.3 STREET ADDRESS | | 1 | | | - |
| CITY-ST-ZIP | MEDEREMS, GERMANY DELETE | | I DOLOTE | 1.4 CITY+ST-ZIP | | | Chann | Addition |
| TITLE | | | 2.1 TITLE | | | <u>↓</u> Change | Addition | |
| NAME | ROSENTHAL, PETER W | | | 2.2 NAME | { | | | |
| STREET ADDRESS | DIERSBACHTAL 15 | | | 2.3 STREET | ADDRESS | | | i |
| CITY-ST-ZIP | NIEDEREMS, GERMANY | | | 2.4 CITY - 9 | | | | |
| TITLE | - | Г | 1 DELETE | 3.1 TITLE | J | · | ☐ Change | Addition |
| NAME | | | | 3.2 NAME | Q Q | AMM TESSE C. | | |
| STREET ADDRESS | | | | 3.3 STREET | address 🎒 | A N. New Year and | PINHED E | LOUR |
| CITY-ST-ZIP | | | | 3.4. CITY-S | T-ZIP | INTER PARK, FL | 52789 | |
| TITLE | - · | L. | DELETE | 4.1 TITLE | 1 | | Change | Addition |
| NAME | | | | 4.2 NAME | 1 | | | |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | | | ĺ |
| CITY-ST-ZIP | | | | 4.4 CITY - S | L | | | |
| TITLE | | | DELETE | 5.1 TITLE | 1 - ZIr | | Change | Addition |
| | | | 7 255515 | 5.2 NAME | 1 | | onange | |
| NAME | | | | 1 | .nepres | | | l |
| STREET ADDRESS | | | | 5.3 STREET | | | | l |
| CITY-ST-ZIP | | · | The rac | 5.4 CITY - S | I - ZIP | | <u> </u> | |
| TITLE | | Ĺ | DELETE | 6.1 TITLE | | | ☐ Change | Addition |
| NAME | | | | 62 NAME | | | | |
| STREET ADDRESS | | | | 63 STREET | ADDRESS | | | ł |
| CITY-ST-ZiP | | | | 6.4 CITY - S | i - 7IP | | | |
| | | 0 41 - 61 | 1 111 | 41 | | C-40-440 07/01/0 Ct-23- Ct-1.4-5 14 | 11 | |

14. Thereby 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 of 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, or or an attachment with an address.

4/27/98 4676474455