FILED Apr 27, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000087395

1. Corporation Name

CANEI ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address				. 48111 48781 19171 1		18161 \$151 (8 B)
7552 CONGRESS ST		7552 CONGRESS ST						
SUITE 1		SUITE 1						
NEW PORT RICHEY FL 34653		NEW PORT RICHEY FL 34653		DO NOT WRITE IN THIS SPACE				
US 		US			<ol> <li>Date Incorporated or Qualifed</li> <li>10/23/1996</li> </ol>			
2. Principal P	lace of Business	2a. Mailing Address		_	4. FEI Nı mber		Ap	r lied For
21		26			59-3405081		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$</b>	8.75	A: Iditional	
		27		5. Certificate of Status Desired		Fee Re	xluired	
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust F und Contribution		Added t	tc Fees
Zip	Cour try	Zip	Count	ry	8. This corporation owes the current			
24	25	29	30		Persor al Property Tax.		Yes	IJNo
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Age	nt	
0.45	OL A MITCHIELL & ACCOCIATES		8	1 Name				
CAROL A MITCHELL & ASSOCIATES				2 Street	Ac dress (P.O. Box Number is Not Acceptab			
7552 CONGRESS ST			-					
SUIT			8	3				
NEW	PORT RICHEY FL 34653		)_	014		8	5 Zin (	Code
			"	4 City		FL ∣°	J 2.10 \	5,00
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abo	ve-named	corporation submits this statement for the p	urpose of char	aging its	registered
office crr	egistered agent, or both, in the State c m familiar with, and accept the obligati	f Florida, Such change was :	authorized h	v the corp	poration's board of directors. I hereby accept	the appointme	int as re	g sterea
	in tarrillar with, and accept the obligati	ons of, Section our loods, i.e.	maa otatut					Į
SIGNATUFE	Signature, typed or printed na ne of registered agent	and title if applicable. (NOT	E: Registered A	gent signature	required when reinstaling)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	CERS AND D	IRECTO	)F:S IN 12
TITLE	DVST	☐ DELETE	1,1 TITLE	<u> </u>			Change	☐ Addition
NAME .	DUNCAN, VALERIÉ		1.2 NAM	E				
STREET ADDRESS	7552 CONGRESS ST		1.3 STR	ET ADDRESS	:			
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		1.4 CITY	-ST-ZIP				
TITLE	DP	☐ DELETE	2.1 TITLE	_			Change	☐ Addition
NAME	DUNCAN, GREGG W		2.2 NAM	E				
STREET ADDRESS	7552 CONGRESS ST			ET ADDRESS				
	NEW PORT RICHEY FL 34653		1	ST-ZIP				
CITY-ST-ZIP TITLE	THE TOTAL THE GOOD	☐ DELETE	3.1 TITL				Change	Addition
NAME			3.2 NAM					
				ET ADDRESS				
STREET ADDRE 3S			l l	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL		<del>                                     </del>		Change	Addition
			4. 2 NAM			-	-	_
NAME			•					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL	_		<del></del>	Change	☐ Addition
TITLE			5.1 HILL					
NAME				EET ADDRESS				
STREET ADDRESS					' <b> </b>			
CITY-ST-ZIP		- Opriess	5.4 CITY 6 1 TITL			<del></del>	Change	Addition
TITLE		☐ DELETE	1				Shange	
NAME			6 2 NAM					
CTOCCT ADDDC//C	I		■ 6.3 STRI	ET ADDRESS	) [			

14. I hereby certify that the informat on 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 a tother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: