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 #

P96000093375 (9)

CANYO	ON OF HEROES, INC.									
Principal Plac	e of Business	M	lailing Address				-			ART WHI HOU
			01 north Franklin s 'Ampa fl 33602	ORTH FRANKLIN STREET FL 33602			DO NOT WRITE	IN THIS	SPACE	
							3. Date Incorporated or Qualified			
							11/12/1996			
2, Principal P	lace of Business	28	. Mailing Address				4. FEI Number		A	pplied For
21		26					59-3411559		No	ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be	
23			28				Trust Fund Contribution			to Fees
Zip	Country		Zip	Cou	intry	•	8. This corporation owes or has paid	d the cu		
24	25	29		30			Personal Property Tax due June 3			No
	9. Name and Address of Curre	nt Regis	stered Agent		==1		10. Name and Address of New Reg	istered	Agent	
GO	inzalez, anthony f				81	Name				
701 NORTH FRANKLIN STREET					82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
TAI	MPA FL 33602									
					83					
					84	City			85 Zip	Code
						<u></u>		FL	-	
11, Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stati im familiar with, and accept the oblig	uz and t e of Flori gations o	da. Such change was if, Section 607.0505, Fi	authorized authorized orida Stat	d by	the corporations.	oration submits this statement for the pu on's board of directors. I hereby accept	the ap	pointment as	registered
GIGHATORIE	Signature, typed or printed name of registered ag	ent and little	r applicable (NO	E Registere	d Age	ent signature require		DATE		
12.	OFFICERS AN	ID DIRE		13.			ADDITIONS/CHANGES TO OFFICE	ERS AN		
TITLE	D		□ DELETE	1.1 T#	TLE				Change	Addition
NAME	Gonzalez, anthony f			1.2 N/	4ME	İ				
STREET ADDRESS	701 NORTH FRANKLIN STRE	ET		1.3 \$1	REET	ADDRESS				
CITY - ST - ZIP	TAMPA FL 33602			1.4 Ci	_	IT-ZIP			T Oisses	1,0000
TITLE	D		DELETE	2.1 Ti		- 1			☐ Change	☐ Addition
NAME	MARTINEZ, CONSTANTINO			2.2 N/	4ME	İ				
STREET ADDRESS	701 NORTH FRANKLIN STRE	ET		2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33602		- COLETT			ST-ZIP			Change	Addition
TITLE			☐ DELETE	31 Ti					Change	☐ vogilion
NAME				3.2 N/						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELE te			ST-ZIP			Change	Addition
TITLE			L. DELETE	4.1 18					□ Ollange	L. Radikon
NAME				4.2 N		1000000				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			☐ DELETE	4.4 Ci 5.1 Ti		1-217			Change	Addition
TITLE									Unitarity to	
NAME				52 N		ADDOLOG				
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP			☐ DELETE	5.4 CI 6.1 TI		IT-ZIP			Change	Addition
TITLE				6.1 N					J.m.y	
NAME						*VOULCE				
STREET ADDRESS						ADDRESS IT-ZIP				
L CHY+5!+7P				■ 0.4 Lil	11-5	11*4F				

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 on an attachment with an address.

FILED

Mar 03 1998 8:00am

Secretary of State