PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000007859

FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90160 008 ***150.00

1. Corporation	Name	<i>701</i> 000			•		
Can-am telecommunications, Inc.							
	_						
Principal Place of Business Mailing Address					6 1005100s ved tilles 10051 00111 davis davis da		9.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1408 N. WESTSHORE BLVD. 7282 55TH AVE. EAST							
SUITE 916 SUITE 130					DO NOT WRITE IN TH	IS SDACE	
TAMPA FL 33807 BRADENTON FL 34203 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
00		00			01/27/1997		\$
2. Principal P	ace of Business	2a, Mailing Address	·	_	4. FEI Number	Ap	plied For
21 193	21 U.S. Hwy 19 North				65-0725408	<u> </u>	t Applicable
Suite, Apt.		Suite, Apt. #, etc.				\$8.75 △	dditional
22 Blood	LC#303	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23 Clean	rwater FL.	28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24 3376			30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	d Agent	
MAR	KS, LEONARD H		181	Name			
500 EAST KENNEDY BLVD			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	_	
	PA FL 33602		83	_			
77 (14)			03				
			84	City	F	85 Zip C	Code
44 5	4- 41	and 607 1509. Elarida Statutar	the shows	named corne	ration submits this statement for the purpose		registered
office or re	egistered agent, or both, in the State of	í Florida. Şuch change was aut	thorized by th	ne corporation	n's board of directors. I hereby accept the app	ointment as req	gistered
agent. I a	m familiar with, and accept the obligation	ins of, Section 607.0505, Florid	da Statutes.				}
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent :	signature required	when reinstating) DATE		
12.	OFFICERS AND	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	D □ DELETE		1.1 TITLE			☐ Change	Addition
NAME	LISUS, ERIC		1.2 NAME]
STREET ADDRESS	RESS 250 SHEPPARD AVE E, STE 200			DORESS			
CITY-ST-ZIP	NORTH YORK, ONTARIO, CANA	DA M2N -6M9	1.4 CITY-ST-	ZIP			
TITLE	D DELETE 2.		2.1 TITLE			Change	☐ Addition ∤
NAME [Young, Roger W		2.2 NAME		1		ļ
STREET ADDRESS	1		2.3 STREET A	DORESS .			- {
CITY-ST-ZIP	BRADENTON FL 34202		2. 4 CITY-ST-	ZIP			
TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET A	ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-	ZIP		Change	
TITLE			4.1 TITLE	İ		☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A				
CITY-ST-ZIP		Clocicte	4.4 CITY-ST-	ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	1	•		L) Addition
NAME			5.3 STREET A	nneess	,		
STREET ADDRESS			5.4 CITY-ST-				1
CITY-ST-ZIP			6.1 TITLE	4IF		☐ Change	Addition
TITLE			6.2 NAME		•		
NAME CYDEET ADDDESC			6.3 STREET A	ADDRESS			\
STREET ADDRESS			2.0 OTHER				

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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: