

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

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90010 031 ***550.00

DOCUMENT # P97000045027

1. Corporation Name

CANADIAN HOLDING COMPANY

Principal Place of Business

4351 GULF SHORE BLVD. NORTH
PH 2
NAPLES FL 34103
US

Mailing Address

4351 GULF SHORE BLVD. NORTH
PH2
NAPLES FL 34103
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

59-3450142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FREY, EUGENE U
4351 GULF SHORE BLVD. NORTH
PH 2
NAPLES FL 34103

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

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C
NAME
PIEROSN, M GRIEVE
STREET ADDRESS
280 SALEM CHURCH RD
CITY-ST-ZIP
SUNFISH LAKE MN 55118

TITLE ☐ DELETE

P
NAME
FREY, EUGENE U
STREET ADDRESS
4351 GULF SHORE BLVD N, PH2
CITY-ST-ZIP
NAPLES FL 34103

TITLE ☐ DELETE

T
NAME
TREND, GRALD J
STREET ADDRESS
80 S 8TH ST, SUITE 4005
CITY-ST-ZIP
MINNEAPLOIS MN 55402

TITLE ☐ DELETE

SD
NAME
SHERMAN, MORRIS M
STREET ADDRESS
150 S 5TH, SUITE 2300
CITY-ST-ZIP
MINNEAPOLIS MN 55402

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/24/99

(612) 359-6200

CR2E034 (11/98)

0456510