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

P97000080465 (2)

FILED

98 FEB -3 AMII: 25

	CAN INTERNATIONAL MA	NAGEMENT GROUP, IN	IC.	JEGRETARY OF S	STATE ORIĐA	
Principal Place of Business Mailing Address 10845 PHILLIPS HWY US ONE 10845 PHILLIPS HWY US ONE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256				DO NOT WRITE IN THIS	S SPACE.	
				3. Date Incorporated or Qualified 09/17/1997	4	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26			Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Commente of States Desired	Fee Required	
City & State			6. Election Campaign Financing	\$5.00 May Be		
23	0	28	1 0 0	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	This corporation owes or has paid the c	- ' - '	
24	25 9. Name and Address of Curre	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No	
ED	IESE, GLEN E	ant nagistered Agent	81 Name	10. Numb and Address of New Hogistere	1 Allour	
	•	vne			· · · · · · · · · · · · · · · · · · ·	
10010 BELLE RIVE BLVD., APT. 906 JACKSONVILLE FL 32256			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
U.A.	UNGUNVILLE PE 32200		83			
			B4 City	Fi	85 Zip Code	
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was	authorized by the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	of changing its registered	
agent. Lar SIGNATURE	m familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statutes.			
	Signature, lyped or printed hame of registered a		TE Registered Agent signature	-		
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	11 TITLE	SECTTRES	Change Addition	
NAME	FRIESE, GLEN E 10010 BELLE RIVE BLVD., A	INT AGE	1.2 NAME	PEGGY JEAN FRIESE 10010 BELLERIVE BLUD		
STREET ADDRESS	JACKSONVILLE FL 32256	ארו. שטס	1.3 STREET ADDRESS	100% BELLERIVE ALV		
CITY-ST-ZIP	JACKSONVILLE PL 32200	DELETE	1.4 CITY-ST-2 P	JAY FC 37456 SARAN R. FRIESE	Change Addition	
TITLE		□ perite	2.1 TITLE	V. PRES C.O.O.	El cuande Ed variation	
NAME			2.2 NAMÉ	10010 BELLERIVE BLUD		
STREET ADDRESS			2.3 STREET ADDRESS		1	
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	744 FR 3444	Mage — Addition	
TETLE		[Diffile	3.1 HILE 3.2 NAME	-02/03/980	11040001	
NAME DIDICE ADDRESS					****150.00	
STREET ADDRESS			3.3 STREET ADDRESS .	****13U.UU	*****13U.UU	
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME		shariles hadrian	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		—	5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	61 THLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			62 NAME		$\langle \langle \rangle \rangle$	
STREET ADDRESS			6.3 STREET ADDRESS		1 X 160	
CITY_ST_7/P			6.4 CITY-ST-7IP		[\(\lambda \) \(\lambda \)	

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 but 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.