


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON, OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000097280 (6) 1. Corporation Name CANSEW, INC.		

FILED

98 OCT 21 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 13200 WILCOX RD. APT 511 LARGO FL 33774	Mailing Address 13200 WILCOX RD. APT 511 LARGO FL 33774
2400 TALL PINES DR #3 LARGO FL	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2400 TALL PINES DR #3 Suite, Apt. #, etc. 22 City & State 23 LARGO FL Zip 24 33771	2a. Mailing Address 26 2400 TALL PINES DR #3 Suite, Apt. #, etc. 27 Unit 3 City & State 28 LARGO FL Zip 29 33771
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3. Date Incorporated or Qualified 11/12/1997	4. FEI Number 59-3511617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent HARLAN, BRUCE M 326 BELCHER RD NORTH CLEARWATER FL 34625	
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10. Name and Address of New Registered Agent	
81 Name ROBERT V. SCALI	82 Street Address (P.O. Box Number is Not Acceptable) 2400 TALL PINES DR #3
83	84 City LARGO
85	86 Zip Code FL 33771

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: Robert V. Scali
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 NAME STREET ADDRESS CITY-ST-ZIP	P SCALI, ROBERT J 13200 WILCOX RD, APT 511 LARGO FL 33774 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCALI, DOMINIC J 13200 WILCOX RD, APT 511 LARGO FL 33774 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900002672909--6 -10/26/98-01116-000 ****150.00 ****150.00
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Robert V. Scali JULY 30/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)

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CANSEW INC.

2400 Tall Pines Drive #3 * Largo, FL 33771 * (727) 507-9067

Oct. 01, 1998

Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee FL 32302-1500

RE: Cansew Inc.
P97000097280

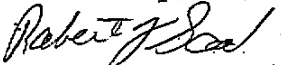
To Whom It May Concern:

Please find enclosed the Annual Report for 1998 and a check in the amount of \$150.00 .

At this time, we are requesting an abatement of the \$400.00 penalty due to reasonable cause. We ask this because, our attorney who handles all corporate matters did not receive the annual report forms in the mail.

Again, we ask for an abatement of the penalty in this first time and isolated situation and we assure you that the proper steps have been taken so that this will not occur again.

Sincerely,


Robert J. Scali
President