## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P97000104441 (5) CANISA, INC. Principal Place of Business Mailing Address JOHN S.W. 4TH STREET 10171 B.W. 4TH STREET PLANTATION FL 33324 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1997 Place of Business 4. FEI Number Applied For 410 NW 62 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Election Campaign Financing \$5.00 May Be AND 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA Yes Yes □ No 24 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WIEGLEY, JAMES R <del>- 10171 S.W. 4TH STREET</del> **B2** Street Add (PLANTATION FL 33324 8.3 84 City 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered be State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered be obligations of, Segion 607.0505, Florida Statytes. WIEGZ SIGNATURE ND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE WIEGLEY, JAMES R 1.2 NAME NAME 10171 S.W. 4TH STREET STREET ADDRESS 1.3 STREET ADDRESS PARKLAND, FL. 3306 T -PLANTATION FL 33324 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE WIEGLEY, SUE N 2.2 NAME NAME 10171 S.W. 4TH STREET 2.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this agricult report or supplemental annual report is true and accurate and that my signature shell have the same legal affect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 all achinging with an address.

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Change

Addition

☐ Addition

14-977-8001 SIGNATURE

DELETE

DELETE

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP