

FLORIDA DEFARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000011583

1. Corporation Name

CANA CAPITAL CORPORATION

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Principal filace of Business	Mailing Address	
9543 SUNBEAM CENTER DRIVE	9543 SUNBEAM	
IACKSONVILLE EL 32257	JACKSONVILLE E	Ľ

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90026 016 ****50.00 04-25-1999 90022 003 ***100.00



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Principal Flace		Mailing Address			
	CENTER DRIVE	9543 SUNBEAM CEN JACKSONVILLE FL 3			
JACKSONVILLE	FL 32237 (*)	ANONOMAILLE LE 3	2501	DO NOT WRITE IN TH	IIS SPACE
}	,			3. Date Incorporated or Qualifed	
]	· -)			02/03/1998	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
├ ── ¬	idos or Dasiness	26		50-3491910	No: Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc		27.11-11-0	\$8.75 Additional
\vdash	<i>"</i> , στο.	27		5. Certifcate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 Vlay Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
24	- 9. Name and Address of Curi			10. Name and Address of New Register	ed Agent
	J. 1141114 W. 1141114 A. 114114		81 Name		
LOU	GHRAN, MYRA		} 	oughran Myra	·
	INDEPENDENT DRIVE		82 Street	Address (P.Q. Bo:: Number is Not Acceptable)	with RAS
	E 3000		83	30 101 01 101 3	
1 \	KSONVILLE FL 32202		63		
3/10	NOONVILLE FL 32202		84 City		85 Zip Gode
				1x. 802. F	r Doleron
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida	Statutes, the above-named	corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap	of changing its registered
agent. I a	egistered agent, or both, in the Sta im familiar with, and accept the obl	ligat ons of, Section 607.050	5, Florida Statutes.	oralion's board of allectors. Thereby accept the ap	, on anone do registered
SIGNATURE	Signature, typed or printed na ne of registered	agent and title if applicable.	(NOTE: Registered Agent signature r		
12.	OFFICERS	AN() DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	(SPD	☐ DELE		5P D	Change
NAME	Bruce Scot	• ×	1.2 NAME	Brice Scott 1543 Sunbeam Cent	
STREET ADDRESS	0513 Sunbeen	ins conter	Dr. 1.3 STREET ADDRESS	13543 Sunbeam Ce no	ar Lr.
CITY-ST-ZIP	Bruce Scott OSU3 Sunbeau Jacksorwille	.fJ.\ 3∂∂57	1.4 CITY-ST-ZIP	Jax, Fel. 32257	
TITLE	COLOR S NESS	DELE	TE 2.1 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
.			2.3 STREET ADDRESS		
STREET ADORESS					
CITY-ST-ZIP	 	DELE	2.4 CITY-ST-ZIP TE 3.1 TITLE		Change Addition
TITLE		الما الماد			
' NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE	}	☐ DELE	TE 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY- ST- ZIP		
TITLE		☐ DELE			☐ Change ☐ Addition
NAME			5.2 NAME		
			53 STREET ADDRESS		
STREET ADDRES S			5.4 CITY-ST-ZIP		
CITY-ST-ZIP					Change Addition
TITLE		☐ DELE	··· ·		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby 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 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 of the scelver 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 a attack part with an address, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR