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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000091447					
1. Corporation Name CANA MANAGEMENT CORPORATION					
Principal Place of Business 10929 RIDGE ROAD LARGO FL 33778			Mailing Address 10929 RIDGE ROAD LARGO FL 33778		
2. Principal Place of Business					
21 Suite, Apt. #, etc.			2a. Mailing Address		
22 City & State			27 Suite, Apt. #, etc.		
23 Zip			28 City & State		
24 Country			29 Zip		
25 Country			30 Country		
9. Name and Address of Current Registered Agent HOUSER, J. HENRY 10929 RIDGE ROAD LARGO FL 33778			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PRESIDENT / OWNER			1.1 TITLE		
NAME HOUSER, J. HENRY			1.2 NAME		
STREET ADDRESS 10929 RIDGE ROAD			1.3 STREET ADDRESS		
CITY-ST-ZIP LARGO, FL 33778			1.4 CITY-ST-ZIP		
1.5 CITY-ST-ZIP			2.1 TITLE		
1.6 CITY-ST-ZIP			2.2 NAME		
1.7 CITY-ST-ZIP			2.3 STREET ADDRESS		
1.8 CITY-ST-ZIP			2.4 CITY-ST-ZIP		
1.9 CITY-ST-ZIP			3.1 TITLE		
1.10 CITY-ST-ZIP			3.2 NAME		
1.11 CITY-ST-ZIP			3.3 STREET ADDRESS		
1.12 CITY-ST-ZIP			3.4 CITY-ST-ZIP		
1.13 CITY-ST-ZIP			4.1 TITLE		
1.14 CITY-ST-ZIP			4.2 NAME		
1.15 CITY-ST-ZIP			4.3 STREET ADDRESS		
1.16 CITY-ST-ZIP			4.4 CITY-ST-ZIP		
1.17 CITY-ST-ZIP			5.1 TITLE		
1.18 CITY-ST-ZIP			5.2 NAME		
1.19 CITY-ST-ZIP			5.3 STREET ADDRESS		
1.20 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
1.21 CITY-ST-ZIP			6.1 TITLE		
1.22 CITY-ST-ZIP			6.2 NAME		
1.23 CITY-ST-ZIP			6.3 STREET ADDRESS		
1.24 CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)