SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	CAN MANAGEMENT SYSTEM	• • • • • • • • • • • • • • • • • • • •			#
Principal Place	e of Business	Mailing Address			81011 B1811 B1011 G1814 B1011 B1011 1001
200 W BAY DI SUITE 100-A LARGO FL 340 US		200 W BAY DR LARGO FL 34640 US		3. Date Incorporated or Qualified 07/22/1991	3a. Date of Last Report 05/01/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 342	Shellield CIA	26 342 She	HICLD CIR	65-0293869	Not Applicable
Suite, Apt. 1	#, etc. 00	Suite, Apt. #, etc	D #	5. Certificate of Status Desired	\$8.75 Additional
22		27 Jack Har	REUK	5. Octamente di States Desired	L. Fee Required
City & State	Harboa FI	City & State	FI	Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip.	Country	Z ₁ 0 ,	Country	8. This corporation has liability for in	Added to Fees
24 3468		29 34683	30 45A	Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
HO	SCH, JAMES E.		81 Name		
342 SHEFFIELD CIR. PALM HARBOR FL 34683				ss (P.O. Box Number is Not Acceptable	9)
			83		
			84 City		FL 85 Zip Code
office or re agent. I ar SIGNATURE	egistered agent, or hoth, in the State of infamiliar with, and accept the obligation James E. His Stgrafure typed or protect some of registered agent	Florida Such ct/Ange was au ons of, Section 801 0505, Flori	thorized by the corporation da Statutes. Posjekted Agent signature require	ration submits this statement for the puints board of directors. Thereby accept to the puints of the puints between the puints of the puints between the puints betwe	the appointment as registered
TITLE	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	P Hosch, James E.		L 1 TIFLE L 2 NAME		Change Addition
STREET ADDRESS	342 SHEFFILED CIRCLE		1 3 STHEET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		: 1.4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TILLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		7.4	2 4 CITY - ST - ZIP		1-1
TITLE		L DELETE	3 1 TITLE		Change Addition
NAME CONTENT			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4 CITY - ST - ZIP 4 1 TITLE		Change Addition
NAME			4 2 NAME		C events C vication
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-ZIF		- I briete	5 4 CITY - ST - ZIP		
TITLE		DELETE	617171.6		Change Addition
NAME SIDEET ADDRESS			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furr	64 CITY-SI-ZIP hished and does not qualif	y for the exemption stated in Section 11	9 07(3)(k), Florida Statutes T
further der	rtify that the information indicated on th	iis annual report or supplemen	ital annual report is true ar	nd accurate and that my signature shall to execute this report as required by C	have the same legal effect as if

6(10/91 771-0609 SIGNATURE: James E Hosch