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

CITY-ST-ZIP

Jun 02 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S86220 (8) KANADIANA ENTERPRISES, INC. Principal Place of Business Mailing Address 1539 LANDINGS BLVD. 1539 LANDINGS BLVD. SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1991 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0300792 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the curre it year Inlangible No. 24 **√** Yes 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name MCALUSTER, CAROL A 1539 LANDINGS BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 83 **B4** City Zip Code 85 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 agont, 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 Signature, typed or proted name of registured agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE MACALLISTER, CAROL NAME 1.2 NAME 1539 LANDINGS BLVD. STREET ADDRESS 1,3 STREET ADDRESS SARASOTA FL 34231 1.4 CITY - ST - ZiP CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-S1-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP FITLE DELETE 4.1 TITLE Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETÉ Addition Channe TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 60000255044B^{(lange} DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME -06/08/98--01020--00**1** STREET ADDRESS 6.3 STREET ADDRESS ***150.00

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 eath; 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.

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