

FILE NOW: FILING FEE AFTER MAY 1 IS \$530.00

FILED
Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name V20188

CANYON INC.

Principal Place of Business Mailing Address
1100 AYRSHIRE ST. 1100 AYRSHIRE ST.
% CARLEN STEUCKAMPIN % CARLEN STEUCKAMPIN
ORLANDO FL. 32803

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	25 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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3. Date Incorporated or Qualified 03-12-92	3a. Date of Last Report 5-01-96
4. FEI Number 59-3116054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAPPIN CARLEN STEVE 1100 AYRSHIRE ST ORLANDO FL. 32803	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. LAPPIN CARLEN STEVE 1100 AYRSHIRE ST ORLANDO FL. 32803 DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP Change Addition 500002207205 -06/10/97--01035--008 ***165.00 Change Addition 05 6/12/97
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14. I do 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 address.

SIGNATURE: [Signature] 6-20-97 407-897-3865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)