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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V31365

(2)

CANESSE, INC.

FILED
May 08 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address						1 10011 041000 11101 1100 11 71770 01101 0111	AHBIY OLDIN OLDIN OLDIN	
1776 MAIN STREET 4410 14TH AVE S BRADENTON FL 34236 BRADENTON FL 34208 US US						DO NOT WRITE I	IN THIS SPACE	
					l	3. Date Incorporated or Qualified		
2. Principal P	Place of Business	2a. Mailing Address		- .		04/24/1992 4. FEI Number		Applied For
21		26			i	65-0332288		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5 Additional
City & Stat		City & State					Fee	Required
23		28				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip			Country			8. This corporation owes or has paid		
24	25 29 30		30			□ No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
CANESSE, GILLES			8	Nam	10			
	10 14TH AVE E			2 Stree	et Addres	s (P.O. Box Number is Not Acceptable))	
j on	ADENTON FL 34209		1	13				
			L	1		····		
				4 City				ip Code
11. Pursuant office or r	to the provisions of Sections 607.0	1502 and 607.1508, Florida Statu	ites, the abo	ve-name	ed corpora	ation submits this statement for the puris board of directors. I hereby accept	rpose of changing	g its registered
agent. I a	rn familiar with, and accept the ob	ligations of, Section 607.0505, F	lorida Statut	les.	orporation	is board or directors. Thereby accept	the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered	and and data Manager by	te Barre and					
12.		AND DIRECTORS	13.	deni signati	ture required y	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTI	ORS IN 12
MLE	D	DELETE	1.1 7171.	<u> </u>			☐ Chang	
NAME	CANESSE, GILLES		1.2 NAME					
STREET ADDRESS 4410 14TH AVE E		1.3 STREET ADDRESS		s				
CITY-ST-ZIP TITLE				-ST-ZIP				
HAME			2.1 TITLE 2.2 NAM				Change	e Addition
STINEET ADDRESS	2498 BURR OAK DR		2.3 STREET ADDRESS					
CITY-ST-ZIP SARASOTA FL			2 4 CITY-ST-ZIP		~ 			:
TITLE		DELETE	3 1 TITLE		1		☐ Change	e Addition
NAME			3.2 NAM	E				
STREET ADDRESS				et address	s			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE	-ST-ZIP			Change	e
NAME		La sere	4.2 NAM				Change	s C Addition
STREET ADDRESS				et address	s			
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAM		i			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS	5			
TITLE		DELETE	5.4 CITY 6.1 TITLE		- 		Change	Addition
NAME			6.2 NAME				Cining C	, LI MUNICION
STREET ADDRESS				Et address	s			
ا مصددت سما					- 1			

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 chapted, or op an attachment with an address.

SIGNATURE Level Carlesse

4/30/98

941-365-5487