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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

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CANSC	DN'S FOLLIES,	INC.						ĺ				
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Principal Plac	ce of Business		Mailing	g Address				-	a 18215 mit mas datum serat 1816) ianut #1	er atmil mimis	# 1 E 1 £ # 1 1	IS SERVI IN AL
510 KINGBIRD CIR 510 KINGBIRD CIR												
DELRAY BEACH FL 33444 DELRAY BEACH FL 33444					44				DO NOT WRITE IN THIS SPACE			
								3	3. Date Incorporated or Qualified		J. 7.Q.L	i
									07/24/1992			
2. Principal Place of Business			2a. Ma	2a. Mailing Address					. FEI Number		A	pplied For
21			26					65-0347867		N	ot Applicable	
Suife, Apt. #, etc.			Suite, Apt. #, etc.				-	Certificate of Status Desired			Additional	
22			27					. Octanostic of Otatas Desired		Fee R	equired	
City & State			———	City & State				6	5. Election Campaign Financing			Мау Ве
23			28						Trust Fund Contribution			to Fees
Zip	_	untry	Zip)	-	untry		8	3. This corporation owes or has pa	_		
24	25	idress of Curren	29	d Agent	30				Personal Property Tax due June Name and Address of New Re			_l No
			it negistere	u Agent		81	Name	10	J. Maine and Address of New He	gistered /	-gent	
	rstensen, Joen	f					rvanic					
	O KINGBIRD CIR						Street Ad	ddress (ss (P.O. Box Number is Not Acceptable)			
UE	LRAY BEACH FL	33444				83						<u></u>
											-	
						84	City			FL	85 Zip	Code
11 Pursuant	to the provisions of	Sections 607 050	2 and 607 1	508 Florida Statu	ites the a	hove	a-named co	ornoratio	on submits this statement for the c		changing i	ts registered
office or r	registered agent, or	both, in the State	of Florida.	Such change was	authorize	d by	the corpor	ration's	on submits this statement for the p board of directors. I hereby accep	ot the app	ointment as	registered
	am familiar with, and	accept the obliga	ations of, Se	Ction 607.0505, F	ionda Sta	llutes	•					
SIGNATURE	Signature, typed or printed	name of registered age	nt and title if app	olicable. (NO	TE. Registere	d Ager	nt signature rec	quired whe	en reinstating)	DATE	_	
12.		OFFICERS AND										
		OFFICERS AND	DIRECTOR	RS	13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TITLE	DP	OFFICERS AND	D DIRECTOR	RS DELETE	13.	ITLE	- T		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	RS IN 12 Addition
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

January 17, 1998 561-278-9524

FILED

Jan 27 1998 8:00am

Secretary of State