6-17-97 B-7855 NC

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63392** (7)

1. Corporation Name
CANALAKES REAL ESTATE INVESTMENT INC.

Principal Place of Business
1803 S. AUSTRALIAN AVE., SUITE A
WEST PALM BEACH FL 33409

Mailing Address
1803 S. AUSTRALIAN AVE., SUITE A
WEST PALM BEACH FL 33409-6489

3. Date Incorporated or Qualified **09/11/1992**	**3a.** Date of Last Report **02/28/1996**

2. Principal Place of Business [21]	**2a.** Mailing Address [26]	**4.** FEI Number **65-0369882** □ Applied For □ Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	**5.** Certificate of Status Desired □ **$8.75** Additional Fee Required
City & State [23]	City & State [28]	**6.** Election Campaign Financing Trust Fund Contribution □ **$5.00** May Be Added to Fees
Zip [24] Country [25]	Zip [29] Country [30]	**8.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes □ Yes □ No

9. Name and Address of Current Registered Agent

HODGES, LARRY W
1803 S. AUSTRALIAN AVE., SUITE A
WEST PALM BEACH FL 33409

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

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **PVST** ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME **HODGES, LARRY W**	1.2 NAME
STREET ADDRESS **2660 CARAMBOLA RD.**	1.3 STREET ADDRESS
CITY-ST-ZIP **WEST PALM BCH FL 33406**	1.4 CITY-ST-ZIP
TITLE ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	4.2 NAME
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-ZIP	5.4 CITY-ST-ZIP
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

CR2E034 (9/96)

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 an address.

SIGNATURE: _____