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**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K24978

(4)

1. Corporation Name
DELMINOR EDGEWATER, INC.



Principal Place of Business: **C/O S. RALPH. IVACO INC. 770 SHERBROOKE ST W 20TH FLOOR MONTREAL, QB CANADA H3A1G1**
Mailing Address: **C/O S. RALPH. IVACO INC. 770 SHERBROOKE ST W 20TH FLOOR MONTREAL, QB CANADA H3A1G1**

3. Date Incorporated or Qualified: **05/31/1988**
3a. Date of Last Report: **01/07/1997**
4. FEI Number: **98-0098653**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, GEORGE (D)	
STREET ADDRESS	770 SHERBROOKE ST W.	
CITY - ST - ZIP	MONTREAL, QUEBEC, CAN.	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KASSAB, ALBERT (AST-S)	
STREET ADDRESS	770 SHERBROOKE ST W	
CITY - ST - ZIP	MONTREAL, QUEBEC, CAN.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHAIKELSON, MORTON	
STREET ADDRESS	770 SHERBROOKE ST W	
CITY - ST - ZIP	MONTREAL, QUEBEC, CAN.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RETTET, BARRY	
STREET ADDRESS	770 SHERBROOKE ST W	
CITY - ST - ZIP	MONTREAL, QUEBEC, CAN.	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RALPH, SAMUEL	
STREET ADDRESS	770 SHERBROOKE ST W	
CITY - ST - ZIP	MONTREAL, QUEBEC, CAN.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Samuel Ralph* **SAMUEL RALPH** February 20, 1997 (514) 288-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012587

CR2E034 (9/96)