

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Mar 19 1996 8:00 am  
Secretary of State

DOCUMENT # **P92000009922 (5)**

1. Corporation Name

**INTELLIVEST MANAGEMENT (FLORIDA), INC.**

Principal Place of Business

**13535 FEATHER SOUND DR.  
SUITE 125  
CLEARWATER FL 34622-5534  
US**

Mailing Address

**13535 FEATHER SOUND DR.  
SUITE 125  
CLEARWATER FL 34622-5534  
US**

3. Date Incorporated or Qualified  
**12/08/1992**

3a. Date of Last Report  
**04/03/1995**

4. FEI Number  
**59-3153530**

Applied For  
☐ Not Applicable

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  
**c/o Sterling Mgmt. Inc.**

2a. Mailing Address **c/o Sterling  
Management, Inc.**

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. **Suite 172**

27. **1301 Seminole Blvd., #172**

City & State

City & State

23. **Largo, FL**

28. **Largo, FL**

Zip

Zip

24. **34640**

Country

29. **34640**

Country

25. **USA**

30. **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MR. RALPH TIRABASSI  
1515 RINGLING BOULEVARD  
SUITE 1000  
SARASOTA FL 34230**

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 officer 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **P. JAMES DONNELLY**  
STREET ADDRESS **130 ALBERT ST., #1500**  
CITY-ST-ZIP **OTTAWA, ONTARIO**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **235 Stafford Road West, #103**  
1.4 CITY-ST-ZIP **Nepean, Ontario K2H 9C1 Canada**

TITLE **VD** ☒ DELETE  
NAME **STOOPS, MARK S**  
STREET ADDRESS **1370 BRIGHTWATERS BLVD.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE  
NAME **VAUGHAN, CRAIG A**  
STREET ADDRESS **130 ALBERT ST., #1500**  
CITY-ST-ZIP **OTTAWA, ONTARIO**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **235 Stafford Road West, #103**  
3.4 CITY-ST-ZIP **Nepean, Ontario K2H 9C1 Canada**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Craig A. Vaughan**

**613-721-1722**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pub.

Daytime Phone #

CR2E034 (12/95)