

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

**FILED  
Jul 30, 1996 08:00 AM  
Secretary of State**

**DOCUMENT # P95000027673 (9)**

1. Corporation Name

**CARDINAL CONCEPTS (USA) INC.**



Principal Place of Business

Mailing Address

**6733 OAKCLUSTER CIRCLE  
SPRING HILL FL 34606**

**6733 OAKCLUSTER CIRCLE  
SPRING HILL FL 34606**

3. Date Incorporated or Qualified

3a. Date of Last Report

**04/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 **C/O JAMES STILES**

22 City & State

27 **RR #2  
THORNTON, ON**

23 Zip

Country

28 Zip

Country

24 **LPL 2ND**

25

29 **CANADA**

30

4. FEI Number

Applied For

**59-3306520**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CACO, KAREN A  
493 WILLET AVE  
NAPLES FL 33963**

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  DELETE  
NAME **D FRIGAULT, JEANETTE**  
STREET ADDRESS **6733 OAKCLUSTER CIRCLE**  
CITY - ST - ZIP **SPRING HILL FL 34606**

1.1 TITLE  Change  Addition  
1.2 NAME **PRESIDENT / SECRETARY**  
1.3 STREET ADDRESS **JAMES STILES**  
1.4 CITY - ST - ZIP **6733 OAKCLUSTER CIRCLE**  
**SPRING HILL FL 34606**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME **V.P. / TREASURER**  
2.3 STREET ADDRESS **JAMES STILES**  
2.4 CITY - ST - ZIP **6733 OAKCLUSTER CIRCLE**  
**SPRING HILL FL 34606**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES STILES** *James Stiles* **July 16/96** **705 726-3237**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)