

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 JUL -5 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 520131**

**(4)**

1. Corporation Name:

**DGL INVESTMENTS, INC.**

Principal Place of Business:

**295 RUSSELL HILL ROAD  
TORONTO, ONT., CAN. M5T 2Z1**

Mailing Address:

**295 RUSSELL HILL ROAD  
TORONTO, ONT., CAN. M5T 2Z1**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/13/1976**

3a. Date of Last Report

**06/10/1994**

4. Fed Number

**58-1349096**

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 intangibles for under 5-1993 (332)  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business:

21 State, Apt. # etc.

22 City & State

23

24

2a. Mailing Address:

25 State, Apt. # etc.

27 City & State

28

29

30

9. Name and Address of Current Registered Agent

**BRACKINS, A. J.  
C/O LEXOW, BRACKINS & KOFFLER  
SCHLITZ PROFESSIONAL PLAZA, 321-21ST ST.  
VERO BEACH FL 32960**

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 607.1509, 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 hereby with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent in Charge)

(Signature of Registered Agent or Agent in Charge)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

**P  
FELDMAN, DAVID  
250 DUNDAS STREET, SUITE #301  
TORONTO, ONT., CAN. M5T 2Z1**

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST., ZIP

**P  
FELDMAN, DAVID  
295 RUSSELL HILL ROAD  
TORONTO, ONT. CAN. M5T 2Z1**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST., ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST., ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST., ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST., ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(1)(b), Florida Statutes. I further certify that the information submitted 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 the public file of the Department of State attached with an address.

SIGNATURE: X

**DAVID FELDMAN**

SIGNATURE MUST BE IN PRINTED NAME OF SHOWING OFFICER OR DIRECTOR