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

PROFIT CORPORATION ANNUAL REPORT

1996



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

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| DOCUN 1. Corporation I BAKER | | 24 | (8) | | | | | | |
|------------------------------------|--|-------------------------------|---|---------------------------|--------------------|-----------------------------|--|--|--|
| Principal Place of | of Business | Mailir | ng Address | | | | | | |
| 250 DUNDAS SUITE 301 | | 25 SI | 50 DUNDAS ST. WES UITE 301 DRONTO. ONT CAN | | -2Z 1 | | Date Incorporated or Qualified | | |
| | | | | | | | 02/01/1977 10/23/1995 | | |
| 2. Principal Plac | ce of Business | 100.77 | failing Address | | | | 4. FEI Number Applied For | | |
| 1 | | 26 | | | | | 98-0038127 Not Applicable | | |
| Suite, Apt. #. | , etc. | 27 | suite. Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| City & State | | ·- } | ity & State | | | - | 6. Election Campaign Financing \$5.00 May Be | | |
| 3 | | 28 | -¬ | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | 7 | Zip Country | | | | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 4 | 25 | 29 | | 30 | , | | Florida Statutes Yes No | | |
| | 9. Name and Address of Currer | nt Register | red Agent | | B1 | Nama | 10. Name and Address of New Registered Agent | | |
| * | | | | | 6' | Name | | | |
| | IGLIA, MICHAEL | | | | 82 | Street Add | dress (P.Ö. Box Number is Not Acceptable) | | |
| | ACHLAND BOULEVARD | | | | 83 | | | | |
| VERO DI | EACH FL 32963 | | | | | | /m vii // | | |
| | | | | | 84 | City | FL 85 Zip Code | | |
| or registere familiar with | d agent, or both, in the State of Flori n, and accept the obligations of, Sect | da Such d tion 607.05 | bange was authorize 05, Florida Statutes. | s, the abo id by the o | we-n corpo | amed corpo pration's boa | oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am | | |
| S | ignature, typied or printed name of register-cliagnol | | | | Agails | signature requir | nst which renstring) DAFE | | |
| 12. | OFFICERS AN | D DIRECTO | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| ITLE | PD PARED OPHINA | | DELETE | 1 11 | | | Change Add-tion | | |
| NAME STREET ADDRESS | BAKER, GRAHAM E 250 DUNDAS STREET, WES | T CHITE | 201 | 12 N | | ADDOCCO | | | |
| CHTY-ST-ZIF | TORONTO, ONT., CAN. MS | | 301 | | iner 14 - \$1 | ADDRESS 1. 2/0 | | | |
| TITLE | TOHOITTO, OITT., OZIT. MO | ! <u>*</u> #.! | DELETE | 2 1 T | | | Change Addition | | |
| NAME | | | _ | 22 N. | AME | | | | |
| STREET ADDRESS | | | | 235 | TAFET. | ADDRESS | | | |
| CITY-ST-ZIP | | | | 24C | IY-5 | !-7le | | | |
| TITLE | | | DELFT6 | 3 1 Г | ITLE | | Change Addition | | |
| IAME | | | | 32 N | 4ME | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | -W | | DELETE | | ITY - SI | 1 - 71P | Change Multipa | | |
| NAME | | | C) percic | 4 1 T | | | Change [] Addition | | |
| STREET ADDRESS | | | | | | ADDRESS | | | |
| CITY-ST-ZIF | | | | | inee i ITY - ST | | | | |
| ITLE | | | ☐ DELETE | 5 11 | | | Change Addition | | |
| IAME | | | | 5 2 N | AMÉ | | | | |
| TREET ADDRESS | | | | 538 | THEET. | ADDRESS | | | |
| DITY-ST-ZIP | | | | 54C | ITY - S1 | 1 - ZIP | | | |
| TITLE | | | □ DELETE | 6 1 T | HUF | | Cnange Add tion | | |
| NAME . | | | | 62 N | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | |
| Oily-S1-ZiP | cortifue that the information areasted | udh, ildə 40 | na je valustacili t | · - · · • · · · · · | rloos | | for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further | | |
| certify that i | the information indicated on this anni- am an officer or director of fulficorod | ual report o bration or th | or supplemental annu- ne receiver or trusted chment with an addre | ia! report i : empowe | s tru red t | e and accur o execute th | rate and that my signature shall have the same legal effect as if made under his report as required by Chapter 607, Florida Statutes; and that my name | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10/96

Daythie Phone k