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Jun 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 618039

(2)

1. Corporation Name

TORSOUTH CORPORATION

Principal Place of Business

2180 MARINE DR
STE 1207
OAKVILLE, ONTARIO L6L-5V2
US

Mailing Address

2180 MARINE DR
STE 1207
OAKVILLE, ONTARIO L6L
US

3. Date Incorporated or Qualified

04/19/1979

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

21 25 Bow Circle

2a. Mailing Address

26 Box 6899

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 4

27

City & State

City & State

23 Hilton Head SC

28 Hilton Head SC

Zip

Zip

Country

Country

24 29938

25 USA

29 29938

30 USA

9. Name and Address of Current Registered Agent

DATRAN CORPORATE AGENTS, INC.
9100 S. DADELAND BLVD.
SUITE #1003
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE S ☐ DELETE

NAME TAYLOR, JOAH S
STREET ADDRESS 2180 MARINE DR STE 1207
CITY-ST-ZIP OAKVILLE, ONTARIO

TITLE PT ☐ DELETE

NAME TAYLOR, K.E.
STREET ADDRESS 2180 MARINE DR STE 1207
CITY-ST-ZIP OAKVILLE, ONTARIO

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

SIGNATURE REQUIRED man 15/97 803-785-3355

CR2E034 (9/96)