	<b>E NOW: FILING F</b> PROFIT RPORATION UAL REPORT		FLORIDA DEPA Kather Secreta	RTMENT OF ST, rine Harris ary of State CORPORATION		Apr 27, 19 Secretary 04-27-1999 900		
I. Corporation	MENT # 631 WEINSTEIN MEMORIA		NC.					
Principal Place of Business 111 SKOKIE BLVD WILMETTE IL 60091		4126 N	Mailing Address 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 07/27/1979		
	Place of Business	2a. Ma 26	ailing Address			4. FEI Number 36-3033701		plied For Applicable
Suite, Apt.	#, etc.	Su	uite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
City & Stat		27 Cit	ity & State			6 Election Campaion Financing	5 00	_'
3		28				Trust Fund Contribution	Added	
Zip 24	Country 25	29 Zip	5	Country		<ol> <li>This corporation owes the current y Personal Property Tax.</li> </ol>	year Intangible	□No
<u>4</u>	9. Name and Address of		ed Agent		ame	10. Name and Address of New Regi		
PLA	NTATION FL 33324			83				
11. Pursuant	to the provisions of Sections	s 607.0502 and 607.1	1508, Florida Statu	tes, the above-na	ity amed curpor corporation	ration submits this statement for the purp	FL	Code registered cistered
office or re agent. I a SIGNATURE	registered agent, or both, in t am familiar with, and accept t	the State of Florida. S the obligat ons of, Sec	Such change was a oction 607.0505, Flo	tes, the above-na authorized by the orida Statutes.	amed corpor corpor ation	's board of directors. I hereby accept the	FL	registered
office or n agent. I a SIGNATURE 12.	registered agent, or bcth, in t am familiar with, and a cept t Signature, typed or printed in me of re- OFFIC	the State of Florida. S the obligat ons of, Sec	Such change was a oction 607.0505, Flo plicable (NOTE ORS	tes, the above-na authorized by the orida Statutes. E: Registered Agent sign 13.	amed corpor corporation	Vis board of Jirectors. I hereby accept the when reinstating) ADDITI(DNS/CHANGES TO OFFICE	FL	egistered gistered
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office or n agent. I a SIGNATURE 12.	Signature, typed or printed nic me of re- OFFIC VP CASHNER, JEFFREY L	the State of Florida. S the obligations of, Ser agistered agen and title if appl CERS ANI) DIRECTO	Such change was a oction 607.0505, Flo plicable (NOTE ORS	tes, the above-na authorized by the orida Statutes. E: Registered Agent sign 13.	nmed curpor corporation nature req irred v D P RESS 4	ADDITIONS/CHANGES TO OFFICE When reinstating)	FL       pose of changing its       appointment as re       DATE       RS       AND DIRECTO       Change	egistered gistered
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