

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

DOCUMENT # **698258** (1)

1. Corporation Name

I.G.I. PROPERTIES, INC.



Principal Place of Business

Mailing Address

**1200 SHEPPARD AVE EAST
SUITE 106
WILLOWDALE, ONT. M2K2S
US**

**1200 SHEPPARD AVE EAST
SUITE 106
WILLOWDALE, ONT. M2K2S
US**

3. Date Incorporated or Qualified

08/10/1981

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEARNS, WEAVER, MILLER, WEISSLER
ALHADEFF & SITTERSON, P.A.
401 E. JACKSON ST., SUITE 2200
TAMPA FL 33601**

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 board of directors)

(NOTE: Registered Agent signature required when recertifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VASD** ☐ DELETE
NAME **LEVY, ARIC**
STREET ADDRESS **14 YORK RIDGE RD.**
CITY-ST-ZIP **NORTH YORK ON**

TITLE **PSD** ☐ DELETE
NAME **LEVY, CLIFF**
STREET ADDRESS **1616 CULBREATH ISLES DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **VAS** ☐ DELETE
NAME **LEVY, SIGMUND**
STREET ADDRESS **217 BURBANK DRIVE**
CITY-ST-ZIP **WILLOWDALE, ONTARIO M2K 1P5**

TITLE **VTD** ☐ DELETE
NAME **SHEPHERD, JOY**
STREET ADDRESS **32 APOLLO DRIVE**
CITY-ST-ZIP **DONMILLS ONTARIO**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- ARIC LEVY

APRIL 12, 1996

(416) 494-3192

Date

Daytime Phone #

CR2E034 (12/95)