FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00															
	CORF	ROFIT			(a) - 10	FLORIDA DEP Sandra	ARTMENT a B. Mortha		STATE						
ANNUAL REPORT						Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # 698259						(9)				]					
"	•	C, INC.													
Pri	incipal Place (				Ma	ailing Address					E     U         U   U   U     U     U	I TATU ATAUN KIATU AT	<b>1</b> 41 <b>010</b> 1	I U1911 DIU11 (U1	I
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ONTARIO. CANADA M2K2S US									3. Date Incorporated or 08/10/1981	Qualified	3a. Date of I	ast R			
	Principal Plac	ce of Busine	SS			Mailing Address				4. FEI Number			Ĺ	Applied For	
21	Suite, Apt. #	, etc.			26	Suite, Apt, #, etc.				59-2129212 5. Certificate of Status E		<mark>п \$</mark>	8.75	Not Applicabl Additional	e
22	City & State		··· · • •		27	City & State	··· ···			6. Election Campaign Fil				Required D May Be	
23	Ζφ	T	Coun		28	Ζφ	Co	untry		Trust Fund Contribution 8. This corporation has		L	Adde	d to Fees	_
24			25		29		30	т		Florida Statutes	Yes	∐ No			
		9, Name	and Add	ress of Current	Regis	tered Agent		81	Namo	10. Name and Address	of New He	gistered Age	<u>nt</u>		
				er, weissler			Street Addre	ss (P.O. Box Number is No	Acceptable	9)					
		EFF & SITT JACKSON			83										
		FL 33601	,					84	City				5 Żi	o Code	
11	, Pursuant to	o the provisio	ons of Sec	tions 607.0502 a	nd 60	7.1508, Florida Statu	tes the ab	ove r	named corpora	tion submits this statement	for the purp	FL Toose of changing	ig its r	egistered offi	ce
	or registere familiar with	ed agent, or l n, and accep	both, in th at the oblig	e State of Florida gations of, Sectio	Suct 1 607.0	i chango was authori 0505, Florida Statute	zed by the s.	co p	oration's board	of directors. Thereby acce	pt the appoi	intruent as regi	slered	agent. I am	·
SI	GNATURE _	Signature, types c		e of registered spirid at				I Açı	d sole at one resource d		· · · · · · ·	DATE	· · · · · · · · · · · · · · · · · · ·		Q
12 11	r	PSD		OFFICERS AND	DIREC		13.	TITLE		ADDITIONS/CHANGE	S TO OFFIC			RS IN 12	CR2E034 (12/95)
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011 14	Y-ST-ZIP	certify that	the inform		th this	filing is voluntarily fur	nished and	doe	it-ziP is not qualify for	the exemption stated in Se	ection 119.0	)7(3)(k), Florida	Statut	es. I further	
	oath, that I	the informat am an office	ion indical ar or direc:	teli on this annua tor of the corpora	repor tion a	tion supplemental an the receiver or trust	nuai report eo empowe	us tru	ie and accurate	e and that my signature sha report as required by Chap	il have the s	same legal ette	ct as if	: made under	
			BIOCK V3		1	actment with an add				â		1.	<u>۱</u> -		-
S		URE: _	SIGNAT	IN ALIO VIPEO OR F	RINTED	NAME OF SIGNING OFFIC	ER OR DIRE	1Ff	FLEVY	AHRILI	12,1991	5. (8) <sup>2</sup> Daybrid	5) <u>2</u> 2 Phone	1-9-36	2