


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 843309 (6)

1. Corporation Name
SWISS CHALET DEVELOPMENT CORPORATION

Principal Place of Business 230 BLOOR ST., W. TORONTO, ONTARIO CANADA M5S 1T8	Mailing Address 230 BLOOR ST., W. TORONTO, ONTARIO CANADA M5S 1T8
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3. Date Incorporated or Qualified 06/01/1979	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2099098	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22	27 City & State
23 Zip	28 Country
24	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

KANOUSE, KEITH J., P.A.
2424 N. FEDERAL HWY, SUITE 353
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SYRON, BERNARD	
STREET ADDRESS	47 HIGHLAND AVENUE	
CITY - ST - ZIP	TORONTO, ONTARIO, CANADA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TSAMPALIEROS, GABRIEL	
STREET ADDRESS	41 NORMANDALE RD	
CITY - ST - ZIP	UNIONVILLE, ONT, CANADA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WILKIE, IAN C.	
STREET ADDRESS	5144 ELMRIDGE DR.	
CITY - ST - ZIP	MISSISSAUGA, ONT, CAN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NAHIRNY, MICHAEL	
STREET ADDRESS	44 INDER HEIGHTS DR.	
CITY - ST - ZIP	BRAMPTON, ONT, CAN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ian C. Wilkie

416 979- 2533

Date

Daytime Phone #

0528623

CR2E034 (9/96)