

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90057 007 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F03252**

1. Corporation Name  
**MORIS-RATING HOLDINGS (FLORIDA), INC.**



Principal Place of Business  
**101 E. KENNEDY BLVD.  
 BARNETT PLAZA SUITE 1240  
 TAMPA FL 33602  
 US**

Mailing Address  
**PO BOX 2111  
 TAMPA FL 33601  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**10/27/1980**

4. FEI Number  
**59-2162837** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HEYCK, JR. J  
 101 E. KENNEDY BLVD.  
 BARNETT PLAZA SUITE 1240  
 TAMPA FL 33602**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | <b>PSDC</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>DIENER, STEVEN G.</b>            |                                 |
| STREET ADDRESS | <b>2 ST CLAIR AVE EAST STE 1205</b> |                                 |
| CITY-ST-ZIP    | <b>TORONTO, CANADA M5R</b>          |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |

|                    |                                |  |
|--------------------|--------------------------------|--|
| 1.1 TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                |  |
| 1.3 STREET ADDRESS |                                |  |
| 1.4 CITY-ST-ZIP    | <b>TORONTO, CANADA M4T 2T5</b> |  |
| 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 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, with all other like empowered.

SIGNATURE: **Steven Diener**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 11, 1999** **416-975-1965**  
 Date Daytime Phone #

CR2E034 (1/98)