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AND
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55 MAY - 1 1994

TORONTO, ONTARIO

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005906 (3)

1. Corporation Name

ACCR (93-1) CORPORATION

Principal Place of Business

Mailing Address

43 FRONT ST., EAST
SECOND FLOOR
TORONTO ONTARIO CAN. M5E1B3

43 FRONT ST., EAST
SECOND FLOOR
TORONTO ONTARIO CAN. M5E1B3

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1993	3a. Date of Last Report 05/13/1994
4. FEI Number NOT APPLICABLE	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	
7. This corporation has liability for intangible tax under Chapter 682, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIENER, DAVID J
1400 CENTREPARK BLVD.
SUITE 1000
WEST PALM BEACH FL 33401

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

11. Pursuant to the provisions of Sections 607.01(2)(b) 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 this appointment as registered agent. I am familiar with and accept the provisions of Section 607.01(2)(b), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	PD EMORY, MICHAEL R 122 STRATHALLAN BLVD. TORONTO, ONTARIO	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY, ST., ZIP		3. CITY, ST., ZIP	
4. NAME		4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST., ZIP		6. CITY, ST., ZIP	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST., ZIP		9. CITY, ST., ZIP	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST., ZIP		12. CITY, ST., ZIP	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST., ZIP		15. CITY, ST., ZIP	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, ST., ZIP		18. CITY, ST., ZIP	

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****208.75 ****208.75

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(6)(b), Florida Statutes. I further certify that the information is contained on the 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 13 or 14 if changed, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/95

DATE