Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90046 030 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005906

1. Corporation Name

Principal Place of Rusiness

ACCR (93-1) CORPORATION

		Maling Addices						
106 FRONT ST E SUITE 383' 200 TORONTO ONTARIO CAN. M5E1B3 M5A 1-1 US		106 FRONT ST E SUITE 203" 200 TORONTO ONTARIO CAN. M5E1B3 M5A 1-1 US			1-1	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/28/1993		
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
-		<u>-</u>				NOT APPLICABLE	<u> </u>	ot Applicable
21 Suite Act	#	Suite, Apt. #, etc.				NOT ATTEIONDEL		Additional
Suite, Apt. #, etc.			¬			5. Certifcate of Status Desired	•	equired -
22		27						
City & State	e	City & State				6. Election Campaign Financing	•	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cot	untry		8. This corporation owes the current ye	ear Intangible	į
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current			T		10. Name and Address of New Regis	tered Agent	
	5. Haine and Addiese of Carrent			81	Name			
WIEN	JED DAVID I			'				
Wiener, David J 1400 Centrepark Blvd.			82 Str		Street Ad	Idress (P.O. Box Number is Not Acceptable)		
SUITE 1000				83				
WES	T PALM BEACH FL 33401			84	City		FL 85 Zip	Code
office or re	to the provisions of Sections of 7.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida. Such change w	as autnonzei	o by t	ne corpora	proration submits this statement for the purpation's board of directors. I hereby accept the	appointment as re	egistered
GIGINATURE	Signature, typed or printed name of registered agent	and title if applicable.	NOTE: Registered	d Agent	signature requ	uired when reinstating) Di	ATE	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
12.	OFFICERS AND	DIRECTORS DELET		TTLE	- 1	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12 ☐ Addition
TITLE	PD		E 1.1 TI	TTLE		ADDITIONS/CHANGES TO OFFICE		
TITLE NAME	PD EMORY, MICHAEL R		E 1.1 TI	TTLE IAME	ADDRESS	ADDITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS	PD EMORY, MICHAEL R 122 STRATHHALLAN BLVD.		E 1.1 TI 12 N 1.3 S	TTLE IAME STREET	ADDRESS	ADDITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMORY, MICHAEL R 122 STRATHHALLAN BLVD. TORONTO, ONTARIO	☐ DELET	E 1.1 TI 1.2 N 1.3 S 1.4 C	TTLE LAME STREET CITY-ST		ADDITIONS/CHANGES TO OFFICE	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	PD EMORY, MICHAEL R 122 STRATHHALLAN BLVD. TORONTO, ONTARIO V		E 1.1 TI 1.2 N 1.3 S 1.4 C	TTLE LAME STREET CITY-ST		ADDITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMORY, MICHAEL R 122 STRATHHALLAN BLVD. TORONTO, ONTARIO	☐ DELET	E 1.1 TI 1.2 N 1.3 S 1.4 C	TILE LAME STREET STY-ST		ADDITIONS/CHANGES TO OFFICE	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD EMORY, MICHAEL R 122 STRATHHALLAN BLVD. TORONTO, ONTARIO V ALDERSLEY, R.W.	☐ DELET	E 1.1 TI 1.2 N 1.3 S 1.4 C E 2.1 TI 2.2 N	TITLE STREET CITY-ST TITLE LAME		ADDITIONS/CHANGES TO OFFICE	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD EMORY, MICHAEL R 122 STRATHHALLAN BLVD. TORONTO, ONTARIO V ALDERSLEY, R.W. 106 FRONT STREET E, SUITE 3	☐ DELET	E 1.1 TI 12 N 1.3 S 1.4 C E 2.1 TI 22 N 2.3 S	TITLE STREET CITY-ST TITLE LAME STREET	-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMORY, MICHAEL R 122 STRATHHALLAN BLVD. TORONTO, ONTARIO V ALDERSLEY, R.W.	☐ DELET	E 1.1 TI 12 N 1.3 S 1.4 C E 2.1 TI 22 N 2.3 S 2.4 C	TITLE STREET CITY-ST TITLE LAME STREET CITY-SI	-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE	☐ Change	☐ Addition
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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

SIGNATURE:

officer or director of the corporation Block 12 or Block 13 if changed, or

STREET ADDRESS

CITY-ST-ZIP