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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 14 1997 8:00am Secretary of State

T TRACIBRE NOOR TRACI ROOM MACHE ARDES BORN BROWN BROWN BROWN BROWN BROWN DISC

1997

DOCUMENT # F9400000036 (3) TCPL SUNSHINE INTERSTATE INC.

Principal Place of Business Mailing Address						rann 40111 30111 60186 11116 5111 7061	
% AUSON T. LO		% ALISON T. LOVE	·				
111 5TH AVE., S.W. CALGARY, ALBERTA T2P 3Y6		111 5TH AVE., 8.W. CALGARY, ALBERTA T2P 3Y6					
CA CA	187 VIV	CA CA			3. Date Incorporated or Qualified	3a. Date of Last Report	
				01/04/1994	02/23/1996		
<del>-</del> -	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt. #, etc		Suite Apt # oto		98-0138516	Not Applicable		
22 Suite, Apt.	#, t903	Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	8	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for i		
24	25 9. Name and Address of Current I		30	······································	Florida Statutes  10. Name and Address of New Re	Yes No	
		redistated Whatst	81	Name	10, Name and Address of New Ye	haratao Agaur	
	CORPORATION SYSTEM S. PINE ISLAND RD.						
	ITATION FL 33324		62 Street A		Address (P.O. Box Number is Not Acceptable)		
, 54	······································		63			· · · · · · · · · · · · · · · · · · ·	
			84	City		85 Zip Code	
						FL   "	
11. Pursuant office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of	and 607.1508, Florida Statute Florida, Such change was a	es, the above authorized by	-named cor the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
agent la	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Statutes		•		
SIGNATURE	Signature, typed or priored name of registered agent a	and title of anythropia (NOTE	F: Recetered Ace	or eignatura ran	ulred when reinstating)	DATE	
12.	OFFICERS AND I		13.	ic arginatore requ	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELEVE	1.1 TITLE	1	P/D	Change 🔥 Addition	
NAME	DURNIN, MICHAEL		1.2 NAME	1	LUNT, WAYNE E.		
STREET ADDRESS	BOX 6, SITE 2, RR #12		1.3 \$1REET	l l	6719 SILVERVIEW ROAD N		
CITY-ST-ZIP	CALGARY, ALBERTA CANADA	T BELETE	1.4 CITY - S		CALGARY, ALBERTA CANA		
TITLE	d Hodgins, Robert B.	DELETE	2.1 TITLE		D/V HODGINS, ROBERT B.	Change 🔼 Addition	
NAME STREET ADDRESS	BOX 49, SITE 22, RR #12		2.2 NAME 2.3 STREET		BOX 49, SITE 22. RR#12	<u>!</u>	
City-SI-7iP	CALGARY, ALBERTA CANADA		2.4 CITY-S		CALGARY, ALBERTA CANA		
TITLE	S	DELETE	3.1 TITLE	1-211		Change Addition	
NAME	LOVE, ALISON T		3.2 NAME				
STREET ADDRESS	1327 FRONTENAC AVE., S.W.		3.3 STREET	ADDRESS			
CITY-ST-ZIP	CALGARY, ALBERTA CANADA	····	3.4 CITY-S	T-ZIP			
TITLE	D ANATOON OFORER	[] DELETE	4.1 TITLE			Change Addition	
NAME	WATSON, GEORGE W	<b>A</b> t	4. 2 NAME				
STREET ADDRESS	1209 VARSITY ESTATES RD., N.V CALGARY, ALBERTA CANADA	Π.	4.3 STREET				
CITY - S1 - ZIP TITLE	D	DELETE	4.4 CITY - ST 5.1 TITLE		D/V	Change X Addition	
NAME	YOUNG, ROBERT A.M.	LL DEEER	5.2 NAME		YOUNG, ROBERT A.M.	First privile Ets Whittel	
STREET ADDRESS	3319 LASSITER CT., S.W.		5.3 STREET		3319 LASSITER CT. S.W.		
CITY-ST-7IP	CALGARY, ALBERTA CANADA		5.4 CITY-S		CALGARY, ALBERTA CANA		
TITLE		DELETE	6 1 TITLE		······································	Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
informatio	on indicated on this annual report or sur	oplemental annual report is tr	rue and accu	rate and the	ed in Section 119.07(3)(i), Florida Statute: at my signature shall have the same lega	l effect as if made under oath; tha	
Lam an o	flicer or director of the corporation or the n Block 12 or Block 13 if changed, or o	ne receiver or trustee empow	ered to exec	ute this repo	ort as required by Chapter 607, Florida S	tatutes; and that my name	
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SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR ALI DUN 1. LUVE, DEUREIARY ALIBUN 1. LUVE,

February 3, 1997 (403) 267-8514

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