

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of State**DOCUMENT # F94000000038 (9)**

1. Corporation Name

TCPL SUNSHINE INC.

Principal Place of Business

Mailing Address

% ALISON T. LOVE
111 5TH AVE., S.W.
CALGARY, ALBERTA T2P 3Y6
CA% ALISON T. LOVE
111 5TH AVE., S.W.
CALGARY, ALBERTA T2P 3Y6
CA

3. Date Incorporated or Qualified

01/04/1994

3a. Date of Last Report

02/23/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324****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 12TITLE **PD** ☒ DELETENAME **DURNIN, MICHAEL**
STREET ADDRESS **BOX 6, SITE 2 RR #12**
CITY-ST-ZIP **CALGARY, ALBERTA CANADA**TITLE **D** ☐ DELETENAME **HODGINS, ROBERT B.**
STREET ADDRESS **BOX 49, SITE 22, RR #12**
CITY-ST-ZIP **CALGARY, ALBERTA CANADA**TITLE **S** ☐ DELETENAME **LOVE, ALISON T**
STREET ADDRESS **1327 FRONTENAC AVE., S.W.**
CITY-ST-ZIP **CALGARY, ALBERTA CANADA**TITLE **D** ☐ DELETENAME **WATSON, GEORGE W**
STREET ADDRESS **1209 VARSITY ESTATES RD., N.W.**
CITY-ST-ZIP **CALGARY, ALBERTA CANADA**TITLE **D** ☐ DELETENAME **YOUNG, ROBERT A. M.**
STREET ADDRESS **3319 LASSITER CT., S.W.**
CITY-ST-ZIP **CALGARY, ALBERTA CANADA**TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D**LUNT, WAYNE E.****6719 SILVERVIEW ROAD N.W.****CALGARY, ALBERTA CANADA****D/V****HODGINS, ROBERT B.****BOX 49, SITE 22, R.R.#12****CALGARY, ALBERTA CANADA****D/V****YOUNG, ROBERT A.M.****3319 LASSITER COURT S.W.****CALGARY, ALBERTA CANADA****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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 3, 1997 (403) 267-8514

Date

Daytime Phone #

0528665

CR2E034 (9/96)