| PROFIT CORPORATION ANNUAL REPORT 1998 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | Apr 14 1998 8:00am Secretary of State | |
|---|---|--|---|--|--|
| NATION Principal Place 1900-335-87H | e of Business | Mailing Address 1900-335-87H AVE., S.W CALGARY, ALBERTA T2 CA | | | |
| | | UN . | | 3. Date Incorporated or Qualified | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 04/28/1995 4. FEI Number | Applied For |
| Suite, Apt. | #, 010 | 26 Suite, Apt. #, etc. | | 38-1819198 | Not Applicable |
| 2 | · · · · · · · · · · · · · · · · · · · | 27 | | | Fee Required |
| City & State | | City & State 28 | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | Country 25 | Zip 29 | Country 30 | This corporation owes or has paid t Personal Property Tax due June 30 | Yes No |
| | 9. Name and Address of Currer CORPORATION SYSTEM | nt Registered Agent | 81 Name | 10. Name and Address of New Regis | itered Agent |
| 120 | DO S. PINE ISLAND RD. | | | dress (P.O. Box Number is Not Acceptable) | |
| PU | ANTATION FL 33324 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | ······ | | | FL |
| | | | too the above named oo | rooration submits this statement for the nurr | pose of changing its registored |
| | egistered agent, or both, in the State in familiar with, and accept the oblig | of Florida Such change was ations of, Section 607.0505, F | tes, the above-named co authorized by the corpora lorida Statutes. | rporation submits this statement for the purp ation's board of directors. I hereby accept the | oose of changing its registered he appointment as registered |
| SIGNATURE | egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS AN | out and little if applicable (NO | tes, the above-named co authorized by the corpora torida Statutes. IE Registered Agent signature req 13. | | DATE |
| SIGNATURE 12. TITLE | Signature, typed or protind name of registered au OFFICERS AN | out and little if applicable (NO | TE: Registered Agent signature req 13. 1.1 TITLE | ulred when reinstating) | DATE IS AND DIRECTORS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered age OFFICERS AN PD TAYLOR, ALEXANDER 100-2010 WINSTON PARK DI | Int and Idle # applicable (NO D DIRECTORS | TE: Registered Agent signature req 13. | ulred when reinstating) | DATE IS AND DIRECTORS IN 12 |
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| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or protect name of registered age OFFICERS AN TAYLOR, ALEXANDER 100-2010 WINSTON PARK DI OAKVILLE ON V PEARSON, H. WILLIAM | And Info If Applicable (NO D DIRECTORS DELETE R DELETE DELETE | TE: Registerad Agent signature requ 13. 1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS | ulred when reinstating) | DATE IS AND DIRECTORS IN 12 |
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