


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005602 (6)**

1. Corporation Name

ACTIVITY DIRECTORIES INTERNATIONAL, INC.

Principal Place of Business

~~1000 W. EAU GALLIE BLVD., #201~~
~~MELBOURNE FL 32935~~

Mailing Address

~~1000 W. EAU GALLIE BLVD., #201~~
~~MELBOURNE FL 32935~~

2. Principal Place of Business

21 **2655 LeJeune Rd.**

Suite, Apt. #, etc.

22 **Suite 800**

City & State

23 **Coral Gables, FL**

Zip

24 **33134**

Country

25 **USA**

2a. Mailing Address

26 **2655 LeJeune Rd.**

Suite, Apt. #, etc.

27 **Suite 800**

City & State

28 **Coral Gables, FL**

Zip

29 **33134**

Country

30 **USA**

9. Name and Address of Current Registered Agent

ARROYO, ENRIQUE
1000 W. EAU GALLIE BLVD., #201
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

03/01/1996

4. FEI Number

84-1208460

☒ 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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1928 S. Patrick Drive

83

84

Indian Harbour Beach FL

85 Zip Code

32937

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~66~~
~~MCINTYRE, DOUGLAS G~~
~~325 MILNER AVE., #1050~~
~~SCARBOROUGH ONTARIO CANADA M1B 5G0~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~D~~
~~MCFADDEN, KENNETH~~
~~9500 S. DADELAND BLVD., #500~~
~~MIAMI FL 33156~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~D~~
~~MACKETT, ROBERT~~
~~9500 S. DADELAND BLVD., #500~~
~~MIAMI FL 33156~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~D~~
~~MACKETT, ROBERT~~
~~9500 S. DADELAND BLVD., #500~~
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~~9500 S. DADELAND BLVD., #500~~
~~MIAMI FL 33156~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~D~~
~~MACKETT, ROBERT~~
~~9500 S. DADELAND BLVD., #500~~
~~MIAMI FL 33156~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PR
BEAUSÉJOUR, MICHEL
1600 RENE-LEVESQUE BLVD WEST STE 1850
MONTREAL, QUEBEC CANADA H3H 1P9

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

SE
CRAWFORD, PATRICK
1600 RENE LEVESQUE BLVD, WEST STE 850
MONTREAL, QUEBEC, CANADA H3H 1P9

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

D
MACKETT, ROBERT
2655 LeJeune Rd., Suite 800
Coral Gables, FL 33134

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

D
MACKETT, ROBERT
2655 LeJeune Rd., Suite 800
Coral Gables, FL 33134

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

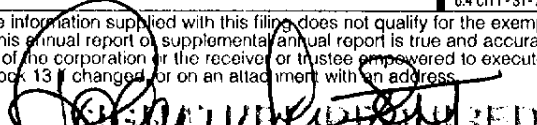
D
MACKETT, ROBERT
2655 LeJeune Rd., Suite 800
Coral Gables, FL 33134

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

D
MACKETT, ROBERT
2655 LeJeune Rd., Suite 800
Coral Gables, FL 33134

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, changed, or on an attachment with an address

SIGNATURE



7-11-23/67 305/11/2 1605

CR2E034 (4/97)