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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

J53272

(7)

FILED Feb 12 1998 8:00am Secretary of State

DERLAI	ND INVESTMENTS, INC.					JJ 81011 81011 81811 81811 8181
Principal Place	n of Business	Mailing Address				10 000 3F 070 12 07 0 24 0700 1600 1600 1600 1600 1600 1600 1600
51 HARBOURT GREEN OCEAN REEF CLUB KEY LARGO FL 33037		SI HARBOURT GREEN OCEAN REEF CLUB KEY LARGO FL 33037		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					01/23/1987	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		52-1713610	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			\$8.75 Additional	
22		[27]		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z _{ip}	· · · · · · · · · · · · · · · · · · ·		Country		8. This corporation owes or has paid the co	
24	25 29 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
OT		r usalisteten wastir	81	Name	10. Hame and Address of Hear Registered	Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						
PLANTATION FL 33324			82	Street A	Address (P.O. Box Number is Not Acceptable)	
1	411X110111 C 00024		83	_	**************************************	
1				Oit.		Jarl Zin Code
Ī			84	,	FI	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						Ĭ
GIGITATORI	Signature, typed or printed name of registered age:			ent signature	required when reinstating) DATE	
12.	OFFICERS AND	DELETE DELETE	13.	т	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12 Change Addition
TITLE	COUGHLAN, DERMOT		1 1 TITLE 1.2 NAME	1		Cusings CI Anomon
STREET ADORESS	145 KING ST E STE 500			T ADDRESS		
CITY-ST-ZIP TORONTO, ONTARIO CANAL		4	1.4 CHTY			
TITLE	S DELETE		2.1 TITLE	31-211		Change Addition
NAME	YOUNG, MARK		2.2 NAME			
STREET ADDRESS	AS INTO STORET WEST SCOTIA DANK TO		2.3 STREE	T ADDRESS		Ì
CITY-ST-ZIP	TORONTO, ONTARIO M5H 3C	2	2 4 CITY-ST-ZIP			
TITLE		DELFTE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		1
CITY-ST-ZIP	T Server		3.4 CITY-	ST-ZIP		Adde-
TITLE	☐ DELETE		4.1 TITLE	ł		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				ADDRESS		}
CITY-ST-ZIP TITLE	DELETE		4.4 CITY - :	ST-ZIP		Change Addition
NAME			5 1 TITLE 5.2 NAME			La vienge La receion
STREET ADDRESS	i		5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			ļ t
TITLE	DELETE		6.1 TITLE			☐ Change ☐ Addition
NAME		_	6.2 NAME			
STREET ADDRESS				ADDRESS		İ
CITY-ST-ZIP			6.4 CITY-			
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify i			ed in Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information

officer or director of the corporation or the faceiver 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 a tachment with an address.

SIGNATURE: