## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation	Name	<b>71</b> (3	)				
PRICE	MARCO, INC.						
Principal Place of Business Mailing Address					1 (4414)) VI (4414) (1841 (1841 (1841 (1841	FAL 1981 BIN19 BIN11 WINII TSI	
% EDWARDS, CURTIS & WARD, P.A. 3055 CARDINAL DR., SUITE 202 VERO BEACH FL 32963		% EDWARDS, CURTIS & WARD, P.A. 3055 CARDINAL DR., SUITE 202 VERO BEACH FL 32963			3. Date Incorporated or Qualified	3a. Date of Last F	Report
					11/09/1987	07/11/1	995
2. Principal Place of Business		2a. Mailing Address	<u> </u>		4. FEI Number 65-0113398	L	Applied For Not Applicable
21   Suite, Apt. #	. elc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			\$8.7	Additional
22	,	27]	27		5. Certificate of Status Desired	1 1	Required
Crty & State		City & State	+·~¬¬		<b>6.</b> Election Campaign Financing Trust Fund Contribution		May Be
Zip Country		28	Country		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199.032,		
24	25	28]	30		Florida Statutes X Yes No		
	9. Name and Address of Curr	ent Registered Agent	81 1	Name	10. Name and Address of New I	Registered Agent	
NED P. CURTIS					/0.0 G: N N/ A	-1-1	<del></del>
	ARDS, CURTIS & WARD, P.A	١.	82 Street Add 83 84 City		s (P.O. Box Number is Not Acceptal	жеј	
	ARDINAL DR., SUITE 202						
VERO E	BEACH FL 32963					<b>85</b> Z	ip Code
44 Durayont to	the provisions of Sections 607 Of	02 and 607 1508 Florida St	atutos the above-nar	and comorati	on submits this statement for the pu	FL roose of changing its	registered office
or registere	ed agent, or both, in the State of Flo n, and accept the obligations of, Se	orida. Such change was auth	norized by the corpora	ation's board	of directors. I hereby accept the app	ointment as registered	d agent. I am
SIGNATURE							
3	Signature, typed or printed name of registered ag	ent and title if applicable.  AND DIRECTORS	(NOTE: Rogistered Agent si	grature recured w	hen reicstating) ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
12. TITLE	PD OFFICENS A	DELETE	13.		ADDITIONS/CHANGES TO OF	Change	
NAME	PRICE, FRED	_	1.2 NAME	1			
STREET ADDRESS	169 DUNDAS ST. E.		1.3 STREET ADDRESS				
CITY-ST-ZIP	MISSISSAUGA, ONTARIO		1.4 C+TY-ST-ZIP				F3 4 1 122
TITLE		DELETE	2. 1 1ITLE			Change	☐ Addition
NAME			2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS			2.4 CITY-ST-7IP				
CITY-ST-ZIP TITLE	DELETE		3. 1 TITLE	£17		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			: 3.3 STREET A	ODRESS			
CITY-ST-ZIP			3 4 CITY - ST-	ZIP	In the Principle of the Control of t		
TITLE	1 ————————————————————————————————————		4. 1 TOLE			Change	Addition Addition
NAME			4.2 NAMÉ				
STREET ADDRESS	•		4.3 STREET AL				
CHTY-ST-ZIP TITLE			4.4 CITY - ST - 5 1 TiTLE	ZIP	M TANK M THE LOT WATER TO THE TANK THE THE TANK THE TANK THE TANK THE TANK THE THE THE THE THE THE THE	[ ] Change	☐ Addition
NAME		<u> </u>	5.2 NAME				
STREET ADDRESS			5 3 STREET AT	ODRESS			
CITY-ST-ZIP			54 CITY-ST-	ZIP			
TITLE		DELETE	6 1 TITLE			☐ Change	☐ Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREET AS				
CITY-S1-ZIP		of this tole file is not as all	6.4 CITY-ST-	ZIP	the everetion stated in Costice 116	0.07/3)/b) Florido Stat	itae I further
certify that	y certify that the information supplied the information indicated on this at	onual report or supplemental	annual report is true	and accurate	the exemption stated in Section 119 and that my signature shall have the	same legal effect as	if made under

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

3 |4 | 96.

Daytimic Phone #