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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K24978

(4)

1. Corporation Name

DELMINOR EDGEWATER, INC.

Principal Place of Business

Mailing Address

C/O S. RALPH, IVACO INC.
770 SHERBROOKE ST W 20TH FLOOR
MONTREAL, QB CANADA H3A1G1

C/O S. RALPH, IVACO INC.
770 SHERBROOKE ST W 20TH FLOOR
MONTREAL, QB CANADA H3A1G1



3. Date Incorporated or Qualified

05/31/1988

3a. Date of Last Report

01/07/1997

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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 12

TITLE ☐ DELETE

NAME
PTS
GOLDSTEIN, GEORGE (D)
STREET ADDRESS
770 SHERBROOKE ST W.
CITY- ST- ZIP
MONTREAL, QUEBEC, CAN.

TITLE ☐ DELETE

NAME
DV
KASSAB, ALBERT (AST-S)
STREET ADDRESS
770 SHERBROOKE ST W
CITY- ST- ZIP
MONTREAL, QUEBEC, CAN.

TITLE ☐ DELETE

NAME
VD
CHAIKELSON, MORTON
STREET ADDRESS
770 SHERBROOKE ST W
CITY- ST- ZIP
MONTREAL, QUEBEC, CAN.

TITLE ☐ DELETE

NAME
VD
RETTET, BARRY
STREET ADDRESS
770 SHERBROOKE ST W
CITY- ST- ZIP
MONTREAL, QUEBEC, CAN.

TITLE ☐ DELETE

NAME
AS
RALPH, SAMUEL
STREET ADDRESS
770 SHERBROOKE ST W
CITY- ST- ZIP
MONTREAL, QUEBEC, CAN.

TITLE ☐ DELETE

NAME
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

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:

Samuel Ralph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL RALPH February 20, 1997 (514) 288-4545

Date

Daytime Phone # 0012567

CR2E034 (9/96)