

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -5 AM 9:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K50037 (6)
1. Corporation Name
DELPHI KEY, INC.

Principal Place of Business
**22 ST CLAIR EAST
SUITE 1700
TORONTO, ONTARIO CAN. M4T2G3**

Mailing Address
**22 ST CLAIR EAST
SUITE 1700
TORONTO, ONTARIO CAN. M4T2G3**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1988	3a. Date of Last Report 03/16/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 98-0103604	Applied For ☐ Not Applicable ☐
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	CADER, ARNOLD	1.2 NAME	400001450484
STREET ADDRESS	10 TIMBERGLADE CT	1.3 STREET ADDRESS	-04/07/95--01036--007
CITY - ST - ZIP	WILLOWDALE, ONTARIO	1.4 CITY - ST - ZIP	*****200.00 *****200.00
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	KONRAD, PAT	2.2 NAME	
STREET ADDRESS	1 WIDEFORD PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILLOWDALE, ONTARIO	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

4/5/95
usf

SIGNATURE:

P. Konrad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 8/95

416 928-1455
DATE OF FILING