

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

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May 28 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 # **K52945** (8)

1. Corporation Name
EVANS RESEARCH CORP.

Principal Place of Business

C/O MARK L. RIVLIN
1550 MADRUGA AVENUE, SUITE 240
CORAL GABLES FL 33146

Mailing Address

C/O MARK L. RIVLIN
1550 MADRUGA AVENUE, SUITE 240
CORAL GABLES FL 33146-3017



3. Date Incorporated or Qualified
12/21/1988

3a. Date of Last Report
07/25/1996

2. Principal Place of Business

21 C/O Mark L. Rivlin
Suite, Apt. #, etc.

22 1550 Madruga Avenue, Suite 120
City & State

23 Coral Gables, FL
Zip

24 33146 County
25 USA

2a. Mailing Address

26 C/O Mark L. Rivlin
Suite, Apt. #, etc.

27 1550 Madruga Avenue, Suite 120
City & State

28 Coral Gables, FL
Zip

29 33146 Country
30 USA

4. FEI Number
58-8824000

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RIVLIN, MARK L
1550 MADRUGA AVE
SUITE 240
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
RIVLIN, MARK L.
82 Street Address (P.O. Box Number is Not Acceptable)
1550 MADRUGA AVE.
83 SUITE 120
84 City
CORAL GABLES FL 85 Zip Code
33146

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
D
EVANS, RONALD W.
59 SYLVADENE PKWY.
WOODBRIIDGE, ONTARIO

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
EVANS, COLLEEN G.
59 SYLVADENE PKWY.
WOODBRIIDGE, ONTARIO

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Ashworth

(416)

April 24/97 621-8814-228

CR2E034 (9/96)