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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 04 1998 8:00am Secretary of State

	1998	Se #1		PINIPION OF	CORPORA	A H C	JINS	j	Secretary	or or	aie	
1. Corporation	MENT # DLDING CORF	K81027		(O)								
Principal Place	o of Business	····	Mailing Ad	Idroce				<b></b>				
			_					Ì				
C/O M. TIMOTHY HANLON  321 ROYAL POINCIANA PLAZA  PALM BEACH FL 33480  C/O M. TIMOTHY HANLON  321 ROYAL POINCIANA PLA  PALM BEACH FL 33480  PALM BEACH FL 33480									DO NOT WRITE IN THIS SPACE			
US US									3. Date Incorporated or Qualified			
									04/10/1989			
_	ace of Business		2a. Mailing	Address					4. FEI Number	<del></del>	Applied For Not Applicable	
Suite, Apt.	#. etc.		Suite. /	Apt. #, etc.					65-0113551	¢0.7E	Additional	
22			27	<b></b>				ļ	5. Certificate of Status Desired		Required	
City & State	·		City &	State					6. Election Campaign Financing	\$5.0	O May Be	
23			28						Trust Fund Contribution		d to Fees	
Zip		ountry	Zip		Cou	ıtry	•		8. This corporation owes or has paid th			
24	25	ddress of Current R	29		30				Personal Property Tax due June 30.  10. Name and Address of New Registr	Yes	<b>⊠</b> No	
			egistered A	yeni		81	Name		10. Name and Address of New Registi	ereu Agent		
	NLON, M. TIMOT				[							
321 ROYAL POINCIANA PLAZA						82	Street A	Street Address (P.O. Box Number is Not Acceptable)				
PAL	.M BEACH FL 3	3480			ŀ	83	<del></del> -			,,		
					Ļ							
						84	City			FL  85   Zij	o Code	
11. Pursuant t	o the provisions of	Sections 607.0502 a	nd 607,1508	, Florida Statu	tes, the ab	ove	e-named c	corpor	ation submits this statement for the purpo	se of changing	its registered	
office or re agent, I ar	egistered agent, or n familiar with, and	both, in the State of laccept the obligation	Florida. Such ns of, Section	i change was n 607.0505, F	authorizec Iorida Stati	ıtes Jites	the corpo s.	oration	ation submits this statement for the purpor's board of directors. I hereby accept the	e appointment a	ıs registered	
SIGNATURE .												
	Signature typed or printe	d name of registered agent ar		e. (NO		Age	nt signature r	equired		ATE		
12.	DD	OFFICERS AND D	IRECTORS	DELETE	13.		<del></del> -		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO		
NAME :	PD CHEBBARR D	ALV CADOL 14NE		LI DESCIE						<b>ட</b> ு பின்று	Addition	
STREET ADDRESS	SHEPPARD-DALY, CAROL JANE 15 KINGSWAY BLVD.					1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP	GRIMSBY ONT CA				1	1.4 CITY - ST - ZIP					1	
TITLE	SD	I OA		DELETE	2,1 TIT	_	<u></u>			☐ Change	Addition	
NAME	SHEPPARD, G	GOOW NIVA			2,2 NA	ME						
STREET ADDRESS	3194 LANSON				2,3 STI	REET.	ADDRESS		:.	ر.	ŧ	
CITY-ST-ZIP	BURLINGTON				2. 4 CF	Y-\$	IT-ZIP					
TITLE				DELETE	3,1 T!T	LE				☐ Change	☐ Addition	
NAME					3.2 NA	ME						
STREET ADDRESS							ADDRESS				1	
CITY-ST-ZIP				DELETE	3.4. CI		T-ZIP			Change	☐ Addition	
TITLE				rm nerete	4,1 TIT.		Į.			L change	Addition	
NAME					4, 2 NA		ADDRESS					
STREET ADDRESS					4		- 1					
CITY-ST-ZIP TITLE				DELETE	4.4 CIT 5.1 TIT		- 20			Change	☐ Addition	
NAME					5.2 NA						-	
STREET ADDRESS					1		ADDRESS				Ì	
CITY-ST-ZIP					5.4 CIT							
TITLE				DELETE	6.1 TIT	_	<u> </u>			Change	Addition	
NAME					6.2 NA	ИĘ	1					
STREET ADDRESS					€,3 STF	EET /	ADDRESS				l	
					6,4 CIT	V_ST	T- 71P				ļ	

14. I hereby certily 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:

S.W. Sheppic UR Cost No Ed Sheppand

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(905) 548-4888