

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 APR 30 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # K95385

(6)

1. Corporation Name

RIVER DELTA, INC.

Principal Place of Business

97 STAPLETON DR.  
% JOHN CULLY  
ETOBICOKE ONTARIO CA M9R3A5

Mailing Address

97 STAPLETON DR.  
% JOHN CULLY  
ETOBICOKE ONTARIO CA M9R3A5

3. Date Incorporated or Qualified

06/14/1989

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

98-0103471

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

24 Zip

M9R3A5

Country

25

29 Zip

M9R3A5

Country

30

9. Name and Address of Current Registered Agent

WENZEL, KENNETH A  
C/O OSBORNE, HANKINS, MACLAREN & REDGRAVE  
700 S FEDERAL HWY STE 200  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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

TITLE DP  
NAME CULLY, JOHN A  
STREET ADDRESS 97 STAPLETON DRIVE  
CITY-ST-ZIP ETOBICOKE, ONTARIO CA M9R3A5

☐ DELETE

TITLE D  
NAME DAVIDSON, JOHN M  
STREET ADDRESS 1881 CHESTER DR.  
CITY-ST-ZIP CALEDON, ONTARIO CA

☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 3000002159623--1

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 registered agent 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 REQUIRED

April 28 1997

416 241 8735

Date

Daytime Phone #

0629814

CR2E034 (9/96)



ACCOUNT NO. : 072100000032

REFERENCE : 348121 85922A

AUTHORIZATION :

*Patricia Kyzar*

COST LIMIT : \$ 173.75

ORDER DATE : April 29, 1997

ORDER TIME : 2:54 PM

ORDER NO. : 348121-005

CUSTOMER NO: 85922A

CUSTOMER: Mr. John A. Cully  
Cherry Post Developments, Ltd.  
97 Stapleton Drive  
Etobicoke  
Ontario, CN M9R 3A5

ANNUAL REPORT FILING

NAME: RIVER DELTA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Todd Sterzoy

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
97 APR 29 PM 4:23  
DIVISION OF CORPORATION