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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L31758

PHILDIN, INC.



TESCHER CHA	e of Business VES RUBIN FORM & MULLER PA	Mailing Address PHILDIN INC					
BOCA CORPORATE CTR/2101 CORPORATE BLVD 216 4150 ST CATHERINE ST W S BOCA RATON FL 33431-7343 WESTMOUNT OU H3Z 2-5)	DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualified		
					11/27/1989		Į
2. Principal F	Place of Business	2a. Mailing Address	• "		4. FEI Number	Ар	plied For
21		26			98-0107671		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	1
22		City & State				Fee Re	
City & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year In		21.000
24	25	29 H3Z 2Y5	_ ~	anada	Personal Property Tax.	Yes ✓ Yes ✓ Yes ✓ Yes ✓ Xi Yes Xi	□No
	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
	W AOFNEO MO		1	81 Name			ĺ
	W AGENTS, INC E DATRAN CENTER, PHI			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	S DADELAND BLVD						
	MI FL 33156			83			
IAHSI	WI 1 E 33 130			84 City	P1	85 Zip C	ode
44 Durnmant	to the provisions of Sections 607 0603	2 and 607 1509 Elorida Statutas	the a	hove-named com	FL oration submits this statement for the purpose of	- L	registered
office or a	registered agent, or both, in the State o	of Florida. Such change was auth	horized	d by the corporation	on's board of directors. I hereby accept the appo	intment as reg	jistered
agent. I a	im familiar with, and accept the obligate	ions of, Section 607.0505, Florid	ia Stati	utes.			1
SIGNATURE	Signature, typed or printed name of registered agent	and trite if applicable. (NOTE: R	egistered	Agent signature require	d when reinstating) DATE		—— ;
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 717	TLE		Change	Addition 3
NAME	DOBRIN, MELVIN A.		1.2 N/	AME .			} ?
STREET ADDRESS	le control de la		1.3 \$7				
CITY-ST-ZIP	MONT. QUEBEC,CANADA		1.3 \$1				· { }
TITLE			ł	TY-ST-ZIP			
	DST	☐ DELETE	ł	TY-ST-ZIP		Change	RS IN 12 Addition Addition
NAME	DST DOBRIN, MITZI	☐ DELETE	1.4 CF	TY-ST-ZIP		Change	Addition
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14. I 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, with all other like empowered.

SIGNATURE:

(514) 935-9508