FILENOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1998		G FEE AFTI	AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		STATE	FILED Mar 23 1998 8:00am Secretary of State		
DOCUME 1. Corporation Nar GEORGIAN	ne	49935	(4)					
Principal Place of BusinessMailing Address6440 STONE RIVER RD.431 GLENBROOK DR.P.O. BOX 4136P.O. BOX 4136BRADENTON FL 34203MIDLAND ON L4R5GUSUS						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal Place	of Business	2	Mailing Address		<u>=</u>	02/08/1990 4. FEI Number Applied I	For	
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.			65-02 15978 Not Appl		
2			<u></u>			5. Certificate of Status Desired Eee Required		
City & State 3			City & State			6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee		
Zip	Country	/	Zip	Counti	у	8. This corporation owes or has paid the current year Intangibl Personal Property Tax due June 30. Yes No	e	
4	25 Name and Addre	29 ss of Current Reg	<u> </u>			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
HAWKINS MICHAEL 330 South Pineapple avenue Suite 106				B	Name			
				82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34238-7020				8	3			
				84 City		FI 85 Zip Code		
	uie, typed or printed name	of registered apont and ti	tle il applicable (NO	E: Registered A		oration's board of directors. I hereby accept the appointment as register equired when reinstating) DATE		
12. TITLE P	0	FFICERS AND DIR	ECTORS DELETE	13, 1.1 TITLE	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
NAME H STREET ADDRESS 1	EACOCK, W. RO 003 DOMINION / IIDLAND,ONT.,CA	VE.	$\mathcal{T}^{-\cdots}$	1.2 NAME	t address			
	EACOCK, REBEG		DELETE	2.1 TITLE 2.2 NAME	1	Change [] A	dditi	
	IDLAND, ONT., (2.3 STREE		· · · · · · · · · · · · · · · · · · ·		
title D name J	urmain, josepi	4	DELETE	3.1 TITLE 3.2 NAME		Change 🛄 A	dditi	
STREET ADDRESS 3	14 FIFTH STREE	т			T ADDRESS			
	IIDLAND, ONT., (T	CANADA		3.4. CITY			delle:	
name J	URMAIN, KAREN		L) DELETE	4.1 TITLE 4. 2 NAM	1	L_] Change L_] A	aoiti	
	14 FIFTH STREE				T ADDRESS			
CITY-ST-ZIP N TITLE V	IIDLAND, ONT., (DELETE	4.4 CITY 5.1 TITLE		Change [_] /	l dditi	
STREET ADDRESS N	Lackwell, Jam Iidland Point			5.2 NAME 5.3 STREE	TADDRESS			
CITY-ST-ZIP N TITLE D	IIDLAND, ONT., C	CANADA	DELETE	5.4 CITY- 6.1 TITLE			ddihi	
	LACKWELL, PAN	IELA		6.2 NAME		L Urkenge L /	nan Ji Li	
CITY-ST-ZIP	IDLAND, ONT., (6.4 CITY-	ST-ZIP			
CITY-ST-ZIP 14. I hereby certify indicated on the officer or direct	IDLAND, ONT., (that the information his annual report or	n supplied with this supplemental annu	ual report is true and according trustee empowered to	6.4 CITY- or the exem curate and t execute this	ST-ZIP ption stated hat my signa s report as re	I in Section 119.07(3)(i). Florida Statutes. I further certify that the inform ature shall have the same legal effect as if made under oath; that I am required by Chapter 607, Florida Statutes; and that my name appears	ì	

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