

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L97963 (7)
1. Corporation Name
RESMAL, INC.



Principal Place of Business 111 SKOKIE BOULEVARD WILMETTE IL 60091	Mailing Address 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/06/1990		3a. Date of Last Report 04/25/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 36-3827865		Applied For Not Applicable	
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DOEO	1.1 TITLE	
NAME	CUTLER, NORMAN	1.2 NAME	
STREET ADDRESS	111 SKOKIE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	
NAME	WEINSTEIN, JOEL W.	2.2 NAME	
STREET ADDRESS	111 SKOKIE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	GROSSBERG, ARTHUR J.	3.2 NAME	
STREET ADDRESS	3201 NORTH 72ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 60091	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LOEWEN, RAYMOND L.	4.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	4.4 CITY-ST-ZIP	
TITLE	DAS	5.1 TITLE	
NAME	HYNDMAN, PETER S.	5.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	
NAME	WEINSTEIN, ROBERT A.	6.2 NAME	
STREET ADDRESS	335 W. DUNDEE RD., #202	6.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL 60089-3545	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 its 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 in an attachment with an address.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

4/22/97

(604) 293-6425

CR2E034 (9/96)