

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90012 037 ***150.00

DOCUMENT # **L97963**

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1990

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

36-3627865

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DCEO** ☐ DELETE
NAME **CUTLER, NORMAN**
STREET ADDRESS **111 SKOKIE BLVD**
CITY-STATE-ZIP **WILMETTE IL 60091**

1.1 TITLE **CEO** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **C** ☐ DELETE
NAME **WEINSTEIN, JOEL W.**
STREET ADDRESS **111 SKOKIE BLVD**
CITY-STATE-ZIP **WILMETTE IL 60091**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **MARK WEINSTEIN**
2.3 STREET ADDRESS **111 SKOKIE BLVD.**
2.4 CITY-STATE-ZIP **WILMETTE, IL 60091**

TITLE **V** ☐ DELETE
NAME **GROSSBERG, ARTHUR J.**
STREET ADDRESS **3201 NORTH 72ND AVE**
CITY-STATE-ZIP **HOLLYWOOD FL 60091**

3.1 TITLE **VP** ☐ Change ☒ Addition
3.2 NAME **JEFFREY L. CASHNER**
3.3 STREET ADDRESS **801 TEAS ROAD**
3.4 CITY-STATE-ZIP **CONROE, TX 77303**

TITLE **D** ☒ DELETE
NAME **LOEWEN, RAYMOND L.**
STREET ADDRESS **4126 NORLAND AVE.**
CITY-STATE-ZIP **BURNABY BC., CANADA V5G 3S8**

4.1 TITLE **ST** ☐ Change ☒ Addition
4.2 NAME **GEORGE M. AMATO**
4.3 STREET ADDRESS **4145-58TH STREET**
4.4 CITY-STATE-ZIP **WOODSIDE, NY 11377**

TITLE **DAS** ☐ DELETE
NAME **HYNDMAN, PETER S.**
STREET ADDRESS **4126 NORLAND AVE.**
CITY-STATE-ZIP **BURNABY BC., CANADA V5G 3S8**

5.1 TITLE **AS** ☐ Change ☒ Addition
5.2 NAME **JOSEPH T. HARDIMAN**
5.3 STREET ADDRESS **801 TEAS ROAD**
5.4 CITY-STATE-ZIP **CONROE, TX 77303**

TITLE **P** ☐ DELETE
NAME **WEINSTEIN, ROBERT A.**
STREET ADDRESS **335 W. DUNDEE RD., #202**
CITY-STATE-ZIP **BUFFALO GROVE IL 60089-3545**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **24100 NCRTH HIGHWAY 45**
6.4 CITY-STATE-ZIP **VERNON HILLS, IL 60061-3180**

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 2 or Block 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED **PETER S. HYNDMAN**

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)