

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:47

DOCUMENT # M63594 (9)

1. Corporation Name

DELMAJOR FT. MYERS INC.

Principal Place of Business

Mailing Address

C/O S. RALPH IVACO INC.
770 SHERBROOKE ST. W. 20TH FLOOR
MONTREAL, QB CANADA H3A1G1

C/O S. RALPH IVACO INC.
770 SHERBROOKE ST. W. 20TH FLOOR
MONTREAL, QB CANADA H3A1G1

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/11/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

98-0087215

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

IVANIER, PAUL

STREET ADDRESS

770 SHERBROOKE ST. WEST

CITY - ST - ZIP

MONT., QUEBEC, CANADA

TITLE

PST

NAME

IVANIER, PAUL

STREET ADDRESS

770 SHERBROOKE ST. WEST

CITY - ST - ZIP

MONTREAL, QUEB, CAN

TITLE

AS

NAME

KASSAB, ALBERT

STREET ADDRESS

770 SHERBROOKE ST. WEST

CITY - ST - ZIP

MONTREAL, QUEB, CAN

TITLE

VAS

NAME

GOLDSTEIN, GEORGE

STREET ADDRESS

770 SHERBROOKE ST. WEST

CITY - ST - ZIP

MONTREAL, QUEB, CAN

TITLE

~~IVANIER, ISIN~~

NAME

~~IVANIER, ISIN~~

STREET ADDRESS

~~770 SHERBROOKE ST. WEST~~

CITY - ST - ZIP

~~MONTREAL, QUEB, CAN~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

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 form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

June 15 1995

(514) 288-4545

(System Printed)