

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 28 1997 8:00am
Secretary of State

DOCUMENT # N95000004918 (7)

1. Corporation Name

CANADIAN-AMERICAN INTERNATIONAL BUSINESS COUNCIL
OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

3030 N. ROCKY POINT DR. W., STE. 280
TAMPA FL 33607-5902

3030 N. ROCKY POINT DR. W., STE. 280
TAMPA FL 33607-5902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1995

3a. Date of Last Report
06/14/1996

4. FEI Number

65-0614569

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

City & State

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

City & State

30

Suite, Apt. #, etc.

31

City & State

32

Suite, Apt. #, etc.

33

City & State

34

Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

41

City & State

42

Suite, Apt. #, etc.

43

City & State

44

Suite, Apt. #, etc.

45

City & State

46

Suite, Apt. #, etc.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EKONOMIDES, NICKOLAS C
201 N. FRANKLIN ST., STE. 2350
TAMPA FL 33602

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

NAME D
TONER, STEPHEN J
STREET ADDRESS 3030 N. ROCKY POINT DR. W., STE. 280
CITY-ST-ZIP TAMPA FL 33607-5902

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D
Griggs, cathy
1.3 STREET ADDRESS 3050 Regent Blvd., Suite 300
1.4 CITY-ST-ZIP Irving, TX 75063

TITLE ☒ DELETE

NAME D
STEVENS, GEOFFREY
STREET ADDRESS 515 W. BAY ST., STE. C
CITY-ST-ZIP TAMPA FL 33606

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D
Dugan, patrick
2.3 STREET ADDRESS 453 Edgewater Drive
2.4 CITY-ST-ZIP Dunedin, FL 34698

TITLE ☐ DELETE

NAME D
GODDARD, D. ANDREW
STREET ADDRESS 401 E. JACKSON ST., STE. 2100
CITY-ST-ZIP TAMPA FL 33602

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
EKONOMIDES, NICKOLAS
STREET ADDRESS 201 N. FRANKLIN ST., STE. 2350
CITY-ST-ZIP TAMPA FL 33602

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
EKONOMIDES, ANTHONY C
STREET ADDRESS 201 N. FRANKLIN ST., STE. 2350
CITY-ST-ZIP TAMPA FL 33602

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
BAUMGARTEN, STEVEN A
STREET ADDRESS 4202 E FOWLER AVE., BSN 3403
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME D
baumgarten, steven A.
6.3 STREET ADDRESS 4202 E. Fowler Ave., BSN 3403
6.4 CITY-ST-ZIP Tampa, FL 33620-5500

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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

7/22/97 013 228 4504

CR2E037 (4/97)