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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09530

(7)

ANDREW CHARTWELL & CO.

FILED Apr 08 1997 8:00am Secretary of State



| 347 Congress Street 1st Floor 2905TON MA 02210 347 Congress Street, 1st Fl. 3. Date Incorporated or Qualified 1st Floor 2905TON MA 02210 28. Mailing Address 25. Zip Country 2905TON MA 02210 347 Congress Street, 1st Fl. 3. Date Incorporated or Qualified 38. Date of Last Report 39. Date of Last  | Principal Place of Business                 |                                         | Mailing Address              |           |                                               |                                  | T THE FEMALE OF THE MENTER TOWN TO HER DESIGNATION OF MIND AND THE MENTER OF THE FEMALE OF THE FEMAL |              |               |                    |
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| Set   Property   Pro   | 150 MILK-6T:: 6TH FLOOR-<br>BOSTON MA 02109 |                                         |                              | R<br>-    |                                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| Set   Property   Pro   | 347 Congress Street                         |                                         | 347 Congress Street, 1st Fli |           |                                               | 2 Date Incorporated of Qualified | l se Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | te of Last F | Report        |                    |
| 28 Mailing Address   24 Mailing Address   25 Mailing Address   25 Mailing Address   25 Mailing Address   27 Mail   | _                                           |                                         |                              |           |                                               | Of Cate moorborator of Chamber   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| SUIC. API # clc 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                         | 2a. Mailing Address          |           |                                               |                                  | 1 4.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | pplied For    |                    |
| SUIC. APT #_etc.    Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT   #_etc.   Suit. APT  | 21 347 CONGRESS ST.                         |                                         | 26 347 Congress STREET       |           |                                               | 04-2928955                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N            | ot Applicable |                    |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Suite, Apt. #, etc.                         |                                         | Suite, Apt. #, etc.          |           |                                               | 5 Certificate of Status Desired  | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |               |                    |
| Secretary   Management   Mana   |                                             | 27                                      |                              | <u>~~</u> |                                               |                                  | 8. Certificate of Oldres Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ····         | ·····         |                    |
| Country   Coun   | L 'A                                        | <b>A</b> .                              |                              | MA        |                                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _            |               |                    |
| Section   Process   Proc   |                                             |                                         |                              |           | trv                                           |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | <del> </del>  |                    |
| RATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAVS STREET, SUITE 2 TALLAHASSEE FL 32301  82 Street Address (P.O. Box Number is Not Acceptable)  83 City JEPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                         |                              | <b>—</b>  |                                               | SA                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               | J. 199.032,        |
| Addition  AND CONTROL OF CONTROL RESPONDED TO THE PROSPRICT FOR THE PROPERTY OF THE PROPERTY O |                                             |                                         |                              | 1301      |                                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| 1406 HAY'S STREET, SUITE 2 TALLAHASSEE FL 32301  141 Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent at minimal wide, and accept the designation of 50,050. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent at minimal wide, and accept the designation of 5,050. Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent at minimal wide, and accept the designation of 5,050. Florida Statutes  SIGNATURE  12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NATIONAL CORPORA                            | ATE RESEARCH, LTD.                      | INC.                         | 8         | 31                                            | Name                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| TALLAHASSEE FL 32301  ### City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                         |                              |           | 82 Street Address (P.O. Box Number is Not Acc |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | le)          |               | <del></del>        |
| 11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing is replatered 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 at familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In TREE  14. CPD INTERPOLATION AND INTERPOLATION |                                             |                                         |                              | Ľ         |                                               | OHOU POOR                        | us (i .e. box Hambor is 140; Accopian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |               |                    |
| 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules  SIGNATURE  Signature with, and accept the obligations of, Section 607.0505, Florida Statules  INOTE fregistered Agent to protect agent and in applicable in the composition of 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 Statules  SIGNATURE  Signature with, and accept the obligations of, Section 607.0505, Florida Statules  INOTE fregistered Agent by statule registered agent. I hereby accept the appointment as addition.  11. 12.                                                                                                             |                                             |                                         |                              | 6         | 33                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :            |               |                    |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its repistered adject or role, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent to mit firmitiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE  Signature that or printed manual displacement of the purpose of panel printed displacement of the purpose of panel printed manual displacement of the purpose of panel printed manual displacement of the purpose of panel printed displacement of panel printed manual displacement of panel panel printed manual displacement of panel  |                                             |                                         |                              | a         | 14                                            | City                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | R5 Zio        | Code               |
| agent 1 an immiliar with, and accept the objections of, Section 607 050S, Florida Statution's board of directors. I hereby accept the appointment as registered agent to minimiliar with, and accept the objections of, Section 607 050S, Florida Statution's format immiliar with, and accept the objections of, Section 607 050S, Florida Statution's format immiliar with, and accept the objection of, Section 607 050S, Florida Statution's format immiliar with, and accept the objection of, Section 607 050S, Florida Statution's format immiliar with and accept the objection of section of the objection of th |                                             |                                         |                              |           |                                               |                                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u> </u>     |               |                    |
| CPD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Signature, typed or printe                  | ······································  | <del></del>                  |           | Agen                                          | nt signature required            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | DIRECTO       | RS IN 12           |
| ATTCHISON, IAN A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             | OFFICENS AND DIRE                       |                              |           | F                                             | <del></del>                      | ADDITIONS/CHANGES TO OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ENS ANL      |               |                    |
| STREET ADDRESS   CLIY-SI-ZIP   EASTHAM MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             | N A.                                    | E DECENT                     |           |                                               |                                  | t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |               | ,                  |
| City-Sit-Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                         |                              |           |                                               | ADDRESS                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | F40714414 444                               | .,, = -                                 |                              |           |                                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| STREET ADDRESS   TORONTO, CANADA   2 4 CITY-S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | *************************************** | DELETE                       | 2.1 TITE  | E                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | ☐ Change      | Addition           |
| TORONTO, CANADA   2.4 city-51-2ip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NAME WALKER, JOHI                           | N H.                                    |                              | 2.2 NAM   | Æ                                             | )                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| DELETE   S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ,                                           |                                         |                              | 2.3 STRE  | EET A                                         | ADDRESS                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| MARSCHNER, EDWARD C. (A)   32 NAME   33 STREET ADDRESS   CITY-ST-ZIP   DELETE   41 TITILE   Change   Addition   Additio   | )                                           | NADA                                    |                              | 2.4 CIT   | Y- \$1                                        | 1-ZIP                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·····        |               |                    |
| STREET ADDRESS   NEW YORK NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 -                                         |                                         | L DELETE                     | 3.1 TITL  | E                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               | Addition           |
| NEW YORK NY   34.CITY-ST-ZIP     Change   Addition      |                                             |                                         |                              |           |                                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| TITLE   V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                         |                              |           |                                               |                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |               |                    |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                         | DELETE                       |           |                                               | T-ZIP                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Channe        | Addition           |
| STREET ADDRESS   75 ELLINTON AVE EAST   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                           | 1. (                                    |                              |           |                                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | v.o.igo       | tend - tought rull |
| TORONTO CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                         |                              |           |                                               | ADDRESS                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| DELETE   DST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                           | ···— <del> ···</del>                    |                              |           |                                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| STREET ADDRESS   75 ELLINTON AVE EAST   5.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                         | DELETE                       |           |                                               |                                  | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del></del>  | Change        | Addition           |
| STREET ADDRESS   75 ELLINTON AVE EAST   5.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                           | R                                       |                              | 5.2 NAM   | Æ                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME </td <td>STREET ADDRESS 75 ELLINTON A</td> <td></td> <td></td> <td>5.3 STR</td> <td>EET A</td> <td>ADDRESS</td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS 75 ELLINTON A                |                                         |                              | 5.3 STR   | EET A                                         | ADDRESS                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
| NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           C-TY-ST-7/P         6.4 CITY-ST-7/P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CHY-ST-ZIP TORONTO CA                       |                                         |                              | 5.4 CITY  | /-\$T                                         | - ZIP                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | ·             |                    |
| STREET ADDRESS         6.3 STREET ADDRESS           C-TY-ST-7/P         6.4 CITY-ST-2/P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TITLE                                       |                                         | L DELETE                     |           |                                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | ∐ Change      | L Addition         |
| C-TY-ST-7/P 6.4 CITY-ST-2/P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 [                                         |                                         |                              |           | 4                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ]                                           |                                         |                              | 1         |                                               | 1                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | nformation supplied with                | this filing does not out     |           |                                               |                                  | in Section 118 07(3\fi) Florida Statuta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s   further  | certify the   | t the              |

1. 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 postport of trustee employeed 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 op an application with an address.

SIGNATURE: TENLALMIN TYPET OR PRINTED PLANE OF SIGNATURE AND TYPET OR PRINTED PLANE OF SIGNATURE OF DIRECTO.

March 25/91 416-481-7194