## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P11239

(1)

**DELTA-BENCO-CASCADE INC.** 

Principa! Place of Business

Mailing Address



MISSISSAUGA. ONTARIO MISSISSAUGA ON L4W9W US		MISSISSAUGA. ONTARIO MISSISSAUGA ON L4W3W US		3. Date Incorporated or Qualified 08/25/1986		Last Report / <b>01/1995</b>	
2. Principal Pla		2a. Mailing Address	c 4 m/c	Ale M	4. FET Number		Applied For
		126 4560 EAST	GRIC	PRWY	16-0899684		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State  MISSIS	ssaugh on	28 HISSISSAUG	A 6	N	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
za以(い 3	3WL 25 CANADA	29 LHW 3W6 3	Country O CAN	JAOA	8. This corporation has liability for in Florida Statutes Yes	ntangible tax ι Νο	under's 199.032,
	9. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R	egistered Ag	ent
			81	Name			
TRIPLE CROWN ELECTRONICS CORPORATION 8				82 Street Address (P.O. Box Number is Not Acceptable)			
	OOLSBY BLVD.	:::४ <del>च</del> हर		Substitution of the substitution of the substitution			
	IELD BEACH FL 33442		83				
· <del>"</del> '			84	City			85 Zip Code
				<u> </u>			
or registere familiar with SIGNATURE	o the provisions of Sections 607,0502 and agent, or both, in the State of Floridan, and accept the obligations of, Section 1, and accept the obligations of the section of the provision of th	a. Such change was authorized b n 607.0505, Florida Statules.	by the corp	poration's board	of directors. I hereby accept the appoint	ointment as rei	gistered agent. I am
12.	OFFICERS AND		ik gisteriot Ago ■ 13.	of signature required v	ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	IRECTORS IN 12
TITLE	PD	DELETE	1 1 11118		ADDITIONS OF MINGES TO OFFI	···	Change Addition
NAME	EVANS, CHARLES	<b>—</b>	1.2 NAME				
STREET ADDRESS	4560 EASTGATE PARKWAY			F ADDRESS			
City-SI-ZiP	MISSISSAUGA ON		1.4 CITY - 1				
TITLE	VD	DELETE	2 1 TITLE			П	Change Addition
NAME	AYIOTIS, PHAEDON	•	2 2 NAMÉ				
STREET ADDRESS	4560 EASTGATE PARKWAY		2 3 STREE	I ADDRESS			
CITY-ST-ZIP	MISSISSAUGA ON		2 4 CITY - :	ST-ZIP			
T:TLE	D	☐ DELETE	3 1 TITLE				Change
NAME	KLEOPA, ANDREAS		3.2 NAMÉ				
STREET ADDRESS	4560 EASTGATE PARKWAY		3 3 STREE	T ADORESS			
CITY-ST-ZIP	MIŞSISSAUGA ON		3 4 CITY - 1	ST - ZIP			
TITLE	ST	☐ DELETE	4 1 TITLE		111/Ca C C: 11	<b>4</b>	Change 🔲 Addition
NAME	WAKER DWIGHT G		4.2 NAME	W	alkee, G. Owi	amt	
STREET ADDRESS	4560 EASTGATE PARKWAY		4 3 STREE	LADDRESS	•		
CITY-SI-ZIP	MIŞŞIŞSAUGA ON		4 4 CITY - 5	ST - ZIP	****		
TITLE		☐ DELETE	5 1 TITLE				Change
NAME			5 2 NAME				
STREET ADDRESS				F ADDRESS			
CITY - ST - Z-P		T rests	5 4 CITY - :	S1 - ZIP			
THLE		☐ DELETE	6 1 TITLE				Change
NAME			6 2 NAME				
STREET ADDRESS			6 3 STREE	LADDRESS			
CITY - ST - ZiP	certify that the information supplied w		6 4 CITY - :				

his annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information oath; that I am an officer or appears in Block 12 or 3lo