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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P33222

National Canada Finance Corporation

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 15 1997 8:00am Secretary of State

Principal Pla	ice of Business	Mailing Address						
•	est 55th Street	125 West 5	5th Str	eet				
	ork, N.Y. 10019	New York,	N.Y. 1	0019				
	•				3. Date Incorporated or Qualified 3/20/91	3a. Date	of Last F	eport
2. Principal:	Place of Business	2a. Mailing Address			4. FEI Number	· <u>······</u>	A	optied For
		26		····	36-3563231 Not Applicable			
Suite, Apt	t. #, etc.	Sulte, Apt. #, etc	•		5. Certificate of Status Desired		7	Additional equired
2 City & Sta	ate	City & State	<u> </u>		6. Election Campaign Financing			May Be
3		28			Trust Fund Contribution			may be to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for in			199.032,
24	25	29	30	<del></del>			No	
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New Reg	listered Ac	gent .	
0m a								
	rporation South Pine Island	Pond		82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	south Pine Island   ation, Fl 33324	Noau		83				
riante	acton, 11 33324			84 City			ler i Zin	Code
				,		FL	1 · 1	
11. Pursuan	t to the provisions of Sections 607.	0502 and 607.1508, Florida S	tatules, the at	ove-named cor	poration submits this statement for the po	urpose of c	hanging i	ls registered
Office or	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change valigations of Section 607.050	was authorized 5, Florida Stat	o by the corpora utes.	poration submits this statement for the position's board of directors. I hereby accep	t the appoi	nunem as	teðistereo
agon.								
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable.			ired when reinstating)	DATE	NOFATO	10.111.40
SIGNATURE	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable. AND DIRECTORS	13.	d Agent signature requ	olred when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND I		
SIGNATURE  12. TITLE	Signature, typed or printed name of registered OFFICERS Chairman/Director	d agent and title if applicable. AND DIRECTORS	13. 1.1 Ti	d Agent signature requ		ERS AND I	DIRECTOR  Change	RS IN 12
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Ledyard Smith, Vice President/Treasurer 4/24/97 (212)632-8802