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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P35253** **(4)**

1. Corporation Name

AIPEG PROPERTY CORPORATION

Principal Place of Business	Mailing Address
C/O C T CORPORATION SYSTEM P.O. BOX 631 WILMINGTON DE 19899	C/O C T CORPORATION SYSTEM P.O. BOX 631 WILMINGTON DE 19899

3. Date Incorporated or Qualified: 08/27/1991	3a. Date of Last Report: 03/16/1995
4. FEI Number: 51-0034548	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has/has no liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ☐ DELETE	11 TITLE: PD ☒ Change ☐ Addition
NAME	ROSE, BARRIE O.	12 NAME: ROSE, BARRIE D
STREET ADDRESS	3108 - 99 HARBOUR SQUARE	13 STREET ADDRESS: 3108, 99 HARBOUR SQ.
CITY-ST-ZIP	TORONTO, ONT.,CANADA	14 CITY ST ZIP: TORONTO, ONT. CANADA
TITLE	AS ☐ DELETE	21 TITLE: ☐ Change ☐ Addition
NAME	ROSE, JOHN A.	22 NAME:
STREET ADDRESS	28 PEVERIL ROAD NORTH	23 STREET ADDRESS:
CITY-ST-ZIP	TORONTO, ONT.,CANADA	24 CITY ST ZIP:
TITLE	AS ☐ DELETE	31 TITLE: AS ☒ Change ☐ Addition
NAME	ROSE, PAULA	32 NAME: ROSE, PAUL, A.
STREET ADDRESS	C/O BARRIE D. ROSE, 3108-99 HARBOUR SQ.	33 STREET ADDRESS: C/O BARRIE D. ROSE, 3108 99 HARBOUR SQ
CITY-ST-ZIP	TORONTO ON	34 CITY ST ZIP: TORONTO, ONTARIO CANADA
TITLE	AS ☐ DELETE	41 TITLE: ☐ Change ☐ Addition
NAME	ROSE, ROBERT A.	42 NAME:
STREET ADDRESS	44 ST JOSEPH ST. APT 2614	43 STREET ADDRESS:
CITY-ST-ZIP	TORONTO ON	44 CITY ST ZIP:
TITLE	☐ DELETE	51 TITLE: ☐ Change ☐ Addition
NAME		52 NAME:
STREET ADDRESS		53 STREET ADDRESS:
CITY-ST-ZIP		54 CITY ST ZIP:
TITLE	☐ DELETE	61 TITLE: ☐ Change ☐ Addition
NAME		62 NAME:
STREET ADDRESS		63 STREET ADDRESS:
CITY-ST-ZIP		64 CITY ST ZIP:

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: _____ March 11/96 1-416-745-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #