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PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the information information indicated on this annual I am an officer or director of the co

appears in Block 12 or Block 13

SIGNATURE:

Lor suo

SIGNATURE AND



FLORIDA DEPARTMENT DE STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300004558 (1)

BRIAN DICKEY ASSOCIATES PROFESSIONAL ASSOCIATION

Principal Place of Business Mailing Address 1301 SEMINOLE BLVD. 3 LITTLE DRY CREEK PL NEPEAN, ONTARIO K2R 185 **SUITE 172** LARGO FL 34640 3. Date Incorporated or Qualified 3a. Date of Last Report 01/21/1993 04/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 19980 U.S. HIGHWAY ONE 26 NOT APPLICABLE Not Applicable Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired tequesta fuorida Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Yes III No 29 30 Florida Statutes 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 21 BACON, DAVID A Name 2959 FIRST AVE N 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33713 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signaturu, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12. 13, PSD Change Addition DELETE TITLE 1.1 TITLE DICKEY, BRIAN 1.2 NAME NAME **3 LITTLE DRY CREEK PLACE** 1.3 STREET ADDRESS STREET ADDRESS NEPEAN, ONTARIO, CANADA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY-ST-ZIP CITY - ST-ZIP Addition DELETE Change TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY+ST-ZIP CITY-ST-ZIF DELETE Change ☐ Addition TITLE 41 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CHY-ST-ZIF DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP plied with this fring does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the tor supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name

> JAW 27, 1997 REQUIRED SIGNING OFFICER OR DIRECTOR