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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22 1997 8:00am

Secretary of State

514 369 0042

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000011708 (3)

SNOWBANK CAPITAL CORPORATION

Principal Plac	e of Business	Mailing Address	Mailing Address								
218 WESMINSTER NORTH MONTREAL, QUEBEC H4X1Z-6 CA		218 WESMINSTER NORTH MONTREAL, QUEBEC H4X CA	MONTREAL QUEBEC H4X1Z CA								
							3. Date Incorporated or Qualified 02/16/1993	ed or Qualified 3a. Date of Last Report 03/12/1996			
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number 59-3164922		<del></del>	pplied For lot Applicable	
Suite, Apt	#. etc	Suite, Apt. #, etc.					39 0 104822	<del></del>		Additional	
22		27	27				5. Certificate of Status Desired			lequired	
City & Stat	е	City & State	'				B. Election Campaign Financing     Trust Fund Contribution     Added to Fees				
Zip				Country			······································				
24	25 29 30			,	<ul> <li>y</li> <li>B. This corporation has liability for intangible tax under s. 199.032,</li> <li>Florida Statutes</li> <li>☐ Yes</li> <li>☐ No</li> </ul>						
	9. Name and Address of Curr	· · · · · · · · · · · · · · · · ·		Ţ		1	IO. Name and Address of New Re	gistered	Agent		
DAVI	DSON, DAVID COLE			81	Name						
-16100 FAIRCHILD DR				82 Street Address (P.O. Box Number is Not Acceptable				le)	<del></del>		
SUITE E201					20	RBA	IN CONTRE				
CLEARWATER-FL-34622				83	489	o We	est Kennedy Blud	Su	re 1	40	
				84	City			FL		Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statu	tes the al	Ll	-named	corporal	tion submits this statement for the n	Urryses o	t changing	its renistered	
office or r	registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida. Such change was	authorize	d by	the corp	poration's	s board of directors. I hereby accep	of the app	ointment as	s registered	
SIGNATURE											
	Signal nel typed or pooled name of registered			d Age	nt signature	e required wh	hen reinstaling)	DATE			
<b>12.</b> TITLE	OFFICERS A	AND DIRECTORS  DELETE	13.	7) F		T	ADDITIONS/CHANGES TO OFFIC	EHS AND	Change	HS IN 12	
NAME	D'ANGELO, CHARLES	L. DECER	1.2 N/						L. Change	Addition	
STREET ADDRESS	218 WESMINSTER NORTH		- 1		ADDRESS						
CITY - ST - ZIP	MONTREAL, QUEBEC H4X1Z	'-R		INCCI ITY-S							
TITLE	morring to, donor or more	DELETE	2.1 TO		I-ZIP	<del> </del>			Change	Addition	
NAIVE			2.2 N/								
STREET ADDRESS					ADDRESS						
CITY - ST - ZIP				2. 4 CITY+ST-ZIP							
TITLE	DELETE			3 1 TITLE		<u> </u>		•	Change	Addition	
NAME			3.2 N/	3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS		address						
CITY - ST - 7IP			3.4 CITY-ST-ZI		T-ZIP	<u> </u>					
Tille	DELETE		4.1 70	4.1 TITLE					Change	Addition	
NAME			4. 2 N	IAME							
STREET ADDRESS			4.3 \$1	TREET	address						
CITY - ST - ZIP				ny-s	r-ZIP	ļ					
TITLE		☐ DELETE	5.1 TI	TLE					Change	Addition	
NAME			5.2 N	AME		-					
STREET ADDRESS					ADDRESS :						
CHTY-S1-ZIP		DELETE		ITY - S	I - ZIP	<del> </del>	*			- Audica	
TILE		DELETE	6111				•		Change	Addition	
NAME			6.2 N/								
STREET ADDRESS					ADDRESS		₹ 4 2				
14. Ldo berel	by certify that the information supp	land with this filling does not avail		EYE!		stated in 5	Section 119.07(3)(i), Florida Statute	s I furtho	r certify the	t the	
informatio Lam an o	in indicated on this annual report c	or supplemental annual report is for the receiver or trustee empoy	true and a wered to e	accu	rate and	that mv	required by Chapter 607, Florida S	Leffect a	s if made ur	nder oath that l	

D'ANGCLO