

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049195 (8)

1. Corporation Name

PCC INVESTMENTS OF FLORIDA, INC.

Principal Place of Business

20 NORTH ORANGE AVE., STE. 000
ORLANDO FL 32801

Mailing Address

P.O. BOX 3587
ORLANDO FL 32802-3587

600001475786

-05/05/95--01014--004

DO NOT WRITE IN THESE SPACES \$200.00

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-3261441

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

7. This corporation has liability for intangible tax under S. 109.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOSTER, JAMES E
20 NORTH ORANGE AVE., STE. 600
ORLANDO FL 32801

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 Sections 607.0502 and 607.1506, 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

(Signature required for principal place of business and mailing address)

(Signature required for registered agent)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
PEREZ, JOSE
45 O'CONNOR ST., STE. 1900 - OTTAWA
ONTARIO, CANADA K1P 1A4

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
D
ZIMMO, MONZER
45 O'CONNOR, STE 1900 - OTTAWA
ONTARIO, CANADA K1P 1A4

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
P
ZIMMO, MONZER
45 O'CONNOR, STE 1900 - OTTAWA
ONTARIO, CANADA K1P 1A4

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
S
BUESA, VINCENT
45 O'CONNOR STE 1900 - OTTAWA
ONTARIO, CANADA K1P 1A4

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
T
ZIMMO, MONZER
45 O'CONNOR STE 1900 - OTTAWA
ONTARIO, CANADA K1P 1A4

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
A/S (ASSISTANT SECRETARY)
FOSTER, JAMES E
20 N. ORANGE AVE., STE 600
ORLANDO, FL 32801 USA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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)(b), Florida Statutes. I further certify that the information indicated on the 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

ZIMMO, MONZER

4/27/95

(615) 563 7200