

CORPORATION ANNUAL REPORT 1995

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

95 MAR -6 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/31/1994		3a. Date of Last Report	
4. File Number 05-0539358		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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSOY, A DAVID
303 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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

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

[illegible]

FILE Registered Agent for the company after 1994-1995

END

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BATTLE, DAVID
STREET ADDRESS	60 SPRUCE ST
CITY, ST, ZIP	TORONTO ONTARIO CANADA
TITLE	D
NAME	CAMPEAU, DENNIS
STREET ADDRESS	60 SPRUCE ST
CITY, ST, ZIP	TORONTO ONTARIO CANADA
TITLE	D
NAME	KOSOY, COLLEEN
STREET ADDRESS	303 ROYAL POINCIANA PLAZA
CITY, ST, ZIP	PALM BEACH FL 33480
TITLE	D
NAME	KOSOY, A DAVID
STREET ADDRESS	303 ROYAL POINCIANA PLAZA
CITY, ST, ZIP	PALM BEACH FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this form is voluntarily furnished and
 15. I certify that the information disclosed in this annual report or supplementary annual report
 16. I am an officer or director of the corporation or the receiver, trustee, empowered
 17. I declare that the report is true and correct and that my signature shall have the same legal effect as if made under
 18. I declare that the report is true and correct and that my signature shall have the same legal effect as if made under
 19. I declare that the report is true and correct and that my signature shall have the same legal effect as if made under
 20. I declare that the report is true and correct and that my signature shall have the same legal effect as if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR OFFICIAL

DAVID KASOR

2/29/95 407-835-1810