

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000078325 (5)

1. Corporation Name

A.D.G.N. CORPORATION



Principal Place of Business

Mailing Address

DR. MAGDI GAID, 7 CLEARCREST AVENUE
WILLOWDALE, ONTARIO M2M 2T4
CANADA
CA

DR. MAGDI GAID, 7 CLEARCREST AVENUE
WILLOWDALE, ONTARIO M2M 2T4
CANADA
CA

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

10/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOLPE, MICHAEL J
4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 33940

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

ASSAAD, MOHSEN F

STREET ADDRESS

114 FOREST HEIGHTS BOULEVARD

CITY- ST- ZIP

WILLOWDALE, ONTARIO, CANADA M2L -2K8

TITLE

VD

☐ DELETE

NAME

GAID, MAGDI

STREET ADDRESS

114 FOREST HEIGHTS BOULEVARD

CITY- ST- ZIP

WILLOWDALE, ONTARIO, CANADA M2L -2K8

TITLE

SD

☐ DELETE

NAME

GAID, NAHED

STREET ADDRESS

114 FOREST HEIGHTS BOULEVARD

CITY- ST- ZIP

WILLOWDALE, ONTARIO, CANADA M2L -2K8

TITLE

TD

☐ DELETE

NAME

ASSAAD, DALAL M

STREET ADDRESS

114 FOREST HEIGHTS BOULEVARD

CITY- ST- ZIP

WILLOWDALE, ONTARIO, CANADA M2L -2K8

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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 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)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAGDI GAID

4/28/96

(905) 4285220

Daytime Phone

CR2E034 (12/95)