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Jan 27 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000078325 (5)

1. Corporation Name

A.D.G.N. CORPORATION

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 DR MAGDI GAID, 85 GERALD ST.  
Suite, Apt. #, etc.

22 ST. NORTH YORK  
City & State

23 ONTARIO

24 M2L-2M9  
Zip

25 CANADA  
Country

2a. Mailing Address

26 DR MAGDIGAID, 85  
Suite, Apt. #, etc.

27 GERALD ST. NORTH YORK  
City & State

28 ONTARIO

29 M2L-2M9  
Zip

30 CANADA  
Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

02/21/1996

4. FEI Number

65-0556148

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

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 607.1508, 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

TITLE PD  
NAME ASSAAD, MOHSEN F  
STREET ADDRESS 114 FOREST HEIGHTS BOULEVARD  
CITY-ST-ZIP WILLOWDALE, ONTARIO, CANADA M2L-2K8 ☐ DELETE

TITLE VD  
NAME GAID, MAGDI  
STREET ADDRESS 114 FOREST HEIGHTS BOULEVARD  
CITY-ST-ZIP WILLOWDALE, ONTARIO, CANADA M2L-2K8 ☐ DELETE

TITLE SD  
NAME GAID, NAHED  
STREET ADDRESS 114 FOREST HEIGHTS BOULEVARD  
CITY-ST-ZIP WILLOWDALE, ONTARIO, CANADA M2L-2K8 ☐ DELETE

TITLE TD  
NAME ASSAAD, DALAL M  
STREET ADDRESS 114 FOREST HEIGHTS BOULEVARD  
CITY-ST-ZIP WILLOWDALE, ONTARIO, CANADA M2L-2K8 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VD  
2.2 NAME GAID, MAGDI  
2.3 STREET ADDRESS 85 GERALD ST.  
2.4 CITY-ST-ZIP NORTH YORK, ONTARIO, CANADA M2L-2M9 ☐ Change ☐ Addition

3.1 TITLE SD  
3.2 NAME GAID, NAHED  
3.3 STREET ADDRESS 85 GERALD ST.  
3.4 CITY-ST-ZIP NORTH YORK, ONTARIO, CANADA M2L-2M9 ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

16th January 97

(905) 683-2320 ext 1288

Daytime Phone #

CR2E034 (9/96)