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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## 1997

DOCUMENT # P94000083471 (0) DAVID I MADI ED DEALTIES IMO

**FILED** Feb 03 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 210 ETON CRESCENT 210 ETON CRESCENT HAMPSTEAD. QUEBEC H3X3K3 CA CA										
•		<del>-</del>					3. Date Incorporated or Qualified 11/15/1994		te of Last F <b>6/1996</b>	leport
	lace of Business	2a. Mailing	Address				4. FEI Number 65-0545250		<del>- + ·</del>	oplied For
21 Suite, Apt.	#, etc.	<b>26</b>	Apt. #, etc.							ot Applicable Additional
22 27 29 20 27			· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	<u> </u>	Fee R	equired	
City & Stat	e	City &	State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Z <sub>I</sub> p	Country	<b>28</b>		Cou	intry		8. This corporation has liability for i			
24	25	29		30			Florida Statutes	Yes [	) No	
	9. Name and Address of Cur	rent Registered A	gent				10. Name and Address of New Re	gistered /	gent	
	H, MITCHEL W				81	Name				
	) N.E. 163RD ST.				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	ie 300 Rth Miami Beach Fl 33162				83					
1101	IIII IIIII DESTOTTE COTOE								TIET S	
				1	64	City		FL	<b>85</b> Zip	Code
agent I a	am familiar with, and accept the of	oligations of, Section	n 607.0505, FI	Orida Stat	tutes	i. 	ocration submits this statement for the p tion's board of directors. I hereby accep red when reinstating)	DATE		
12.	OFFICERS   <b>DPST</b>	AND DIRECTORS	DC/CTC	13.		<del></del> -	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE NAME	NADLER, DAVID L		DELETE	1.1 T/ 1.2 N/			· ·		☐ Change	Addition
STREET ADDRESS	210 ETON CRESCENT					ADDRESS				İ
CITY-ST-ZIP	HAMPSTEAD, QUEBEC, CAI	NADA		1.4 CI						
TITLE			DELETE	2.1 TI	TLE				Change	☐ Addition
NAME				2.2 N	AME			tac.		
STREET ADDRESS						ADDRESS		ų.		
CITY-ST-ZIP			DELETE	2 4 C		ST-ZIP			Change	Addition
TITLE NAME			المالين المالين	3.1 II		•			Grange	T" Vanitial)
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				3.4.0	ITY-S	ST - ZIP				
TITLE			DELETE	4.1 TI	TLE				Change	Addition
NAME				4. 2 N	IAME	-				
STREET ADDRESS				4.3 S	TREET	ADDRESS				
CITY-ST-ZIP TITLE										
			DELETE	4.4 C		T-71P		<del></del>	Channe	Addition
			DELETE	5.1 TI	TLE	1-219		<del></del>	☐ Change	Addition
NAME STREET AUDRESS		***************************************	DELETE	5.1 TI 5.2 N	TLE AME	1-ZIP ADDRESS		<del></del>	Change	Addition
NAME			DELETE	5.1 TI 5.2 N	TLE AME TREET	ADDRESS		<del></del>	☐ Change	Addition
NAME STREET AUDRESS			DELETE	5.1 TI 5.2 N 5.3 S	TLE AME TREET	ADDRESS			☐ Change	☐ Addition
NAME STREET AUDRESS CHY-S1-ZIP				5.1 TI 5.2 N 5.3 S 5.4 C	TLE AME TREET ITY-S	ADDRESS				
NAME STREET AUDRESS CITY-ST-ZIP TITLE				5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TO 6.2 N	TLE AME TREET ITY-S ITLE AME	ADDRESS				

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 planged, or on an attachment with an address.

SIGNATURE:

Daytime Phone #

0529065