

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000009928 (9)**

1. Corporation Name
THE 27TH PARALLEL CORP.



Principal Place of Business: **150 HEATH STREET WEST TORONTO, ONTARIO, CANADA OC**
Mailing Address: **150 HEATH STREET WEST TORONTO, ONTARIO, CANADA OC**

2. Principal Place of Business: 21, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **02/01/1995**
3a. Date of Last Report: **02/01/1995**
4. FEIN number: **65-0611714**
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
**GILDAN, LAURIE L
777 S. FLAGLER DR.
SUITE 310-EAST
WEST PALM BEACH FL 33401**

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 607.0612 and 607.1504, 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 607.0612, Florida Statutes.

SIGNATURE: _____ DATE: _____ DAY: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTTMAN, MORRY	
STREET ADDRESS	150 HEATH STREET WEST	
CITY-STATE-ZIP	TORONTO, ONTARIO, CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLATER, JAMES H	
STREET ADDRESS	150 HEATH STREET WEST	
CITY-STATE-ZIP	TORONTO, ONTARIO, CANADA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Guttman, Morry	
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Slater, James H.	
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 STREET ADDRESS		
53 CITY-STATE-ZIP		
61 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 STREET ADDRESS		
63 CITY-STATE-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 190.0(3)(k), Florida Statutes. I further certify that the information indicated on this statement or on 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 a partner, officer or trustee, as provided to enable the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change or addition to the information with an address.

SIGNATURE: *Morry Guttman* MORRY GUTTMAN (416) 322-5888

CR2E034 (12/95)