## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

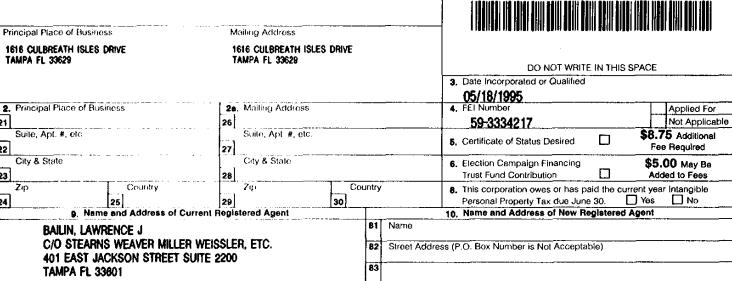
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041150 (0)

**EUCLID DALE MABRY CORP.** 

Principal Place of Business Mailing Address 1616 CULBREATH ISLES DRIVE 1616 CULBREATH ISLES DRIVE TAMPA FL 33629 TAMPA FL 33629

**FILED** Mar 16 1998 8:00am Secretary of State



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or period current tegester of agent mid-like diagram able (NOTE F	traistered Agent signature	e regulred when reinslating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Change Addition
NAME	LEVY, CLIFF	1.2 NAME	
STREET ADDRESS	1616 CULBREATH ISLES DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> DELETE	2.1 YITLE	Change Addition
NAME	LEVY, SIGMUND	2.2 NAME	
STREET ADDRESS	1200 SHEPPARD AVENUE EAST, SUITE 106	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONTARIO CANADA M2K2S-5	2 4 CITY+S1-ZIP	
TITLE	☐ DELETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STHEET ADDRESS	
CITY-ST-ZIP		3.4. City-St-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		43 STREET ADORESS	
CITY-S1-ZIP		4.4 CITY-ST-ZIP	
TITLE	□ DEFE1F	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		53 STREFT ADDRESS	
CITY-SI-ZIP		54 CITY-ST-ZIP	
TITLE	DELFIE	61 THLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	

whing closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an applicance. 14. I hereby certify that the informal indicated on this annual report officer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE:

- CLIFF LEW

MAR, 10, 1998

(843) 251-9365

Zip Code

85