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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074886 (9)

MASTERMARK PEWTER (NAPLES), INC.

FILED 97 MAY 30 AM 10: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place	of Business	Mailing Add	Mailing Address				T SERVINES HER TRIBLE DITTE BETTE BETTE BETTE BETTE TERMS STREET SELVE BITT 1987				
36 FIFESHIRE CI NEPEAN, ONT., I OC	rescent K2E 798.canada		36 FIFESHIRE CRESCENT MEPEAN. ONT., K2E 7G8,CANADA OC								
							3. Date Incorporated or Qualified 09/27/1995		ate of Last 20/1996	Report	
· ·	ace of Business	2a. Mailing	Address				4. FEI Number			Applied For	
21		26	26				APPLIED FOR 12 Not Applicable				
Suite, Apt. #	¥, etc.	Suite, A	Suite, Apt. #, etc.					П	\$8.75	Additional	
22		27					5. Certificate of Status Desired	LJ		Required	
City & State		City & S	tale				6. Election Campaign Financing		\$5.00	0 May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zιρ		Countr	У		8. This corporation has liability for	intangible	tax under	s. 199.032,	
24	26	29	3(	p]					□ No		
	g, Name and Address of Curre	nt Registered Ag	ent				10. Name and Address of New Re	gistered	Agent		
WRIGI	HT, J.D.			81	I N	ame					
% MEADOWS LEASING				82	82 Street Address (P.O. Box Number is Not Acceptable)			nle)			
5023	RINGWOOD MEADOW					100(7)((())	Acceptable				
. SARAS	SOTA FL 34235			83	3						
•				84	C	Ly			TOPT 7:	Code	
				{		•		FL	_		
11. Pursuant to office or re agent. I an	o th <b>e</b> provisions of Sections 607.056 gistered agont, or both, in the State n familiar with, and accept the oblig	02 and 607.1508, c of Florida. Such gations of, Section	Florida Statutes, change was aut 607.0505, Florid	the above horized be a Statute	ve-ria by the	med corp corporal	poration submits this statement for the plicin's board of directors. I hereby acce	ourpose o	f changing pointment a	its registered s registered	
SIGNATURE _	Signature, typod or printed name of registered ag	ent and title if producible	(NOTE 6	logustored Az	sort 6 r	mahire seriu	red when reinstating)	DATE			
12.		ID DIRECTORS	(11111	13.	,, 0 5	receive tection	ADDITIONS/CHANGES TO OFFIC		DIRECTO	189 IM 28	
	PD		DELETE	1.1 TITLE			ADDITIONAL DIVIDED TO OFFIC	ALINO AIN	Change		
	PEDDIE, E.Y.			1.2 NAME			3000022	471.24.1			
	2331 KILDONAN AVENUE			1.3 STREE	LADDI	RESS	-06/06/	ว์7ีก	1085	014	
I	OTTAWA, ONTARIO CANADA (	K2B -7L1		1.4 CITY -		- 1	****16		****1		
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	PEDDIE, I.	_		2.2 NAME					LJ Glange	Larion	
	2331 KILDONAN AVENUE			2.3 STREE		orce					
	OTTAWA, ONTARIO CANADA I	K2B -7l 1		2.3 SHILL 2.4 CHY-		- 1					
	n		DELETE	3.1 TITLE	21. 21	·			Change	Addition	
	WRIGHT, B.C.	·	٠٠٠٠٠ مـ	32 NAME		1			L_1 Change	LI AUGILION	
	36 FIFESHIRE CRES			3.3 STREE	T ADDI	ECC				Ţ	
	WEPEAN, ONTARIO CANADA			3.4. CITY-		1				ĺ	
	D		DELETE	4.1 TITLE	31-76				Change	Addition	
1,	WRIGHT, J.D.	L.		4 2 NAME					change	Addition	
	36 FIFESHIRE CRES.					11.00				ł	
	WEPEAN, ONTARIO CANADA			43 STREE							
CITY-ST-ZIP	TELEPIT, CITTARIO CARADA	···	DECETE.	4.4 CITY -	S1 - 71F				Chance	Addition	
NAME		L		51 TITLE					Change	Addition	
				5 2 NAME						f	
STREET ADDRESS				5 3 51RFE			A				
CHTY-ST-ZIP			Delete	5 4 CRY-	\$1 - ZIF			$\mathcal{M}$			
TITLE		L	DELETE	6171711			LIE!	$\mathcal{N}_{\mathcal{N}}$	LJ Change	☐ Addition	
NAME				62 NAME			(1) A	NI			
STREET ADDRESS				6.3 STREE	i adde	ESS	$\bigvee$ ()	\			
CITY-ST-ZIP				64 CITY	S1 - 716						

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(·), 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.