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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037908 (5)

DRHLINE PRODUCTS USA, INC.

## **FILED** Mar 10 1998 8:00am Secretary of State



							FAR IFILIDA
Principal Place of Business Mailing Address					T TRAILDOL HÀ SÀUI (ABUT AGUI BRIT)	98111 SA188 IIIII 16818 LBIII SI	U(#1
5401 S. KIRKMAN ROAD 5401 S. KIRKMAN ROAD							
SUITE 500	3 20010	SUITE 500			DO NOT WRITE IN THIS SPACE		
ORLANDO FL 32819 ORLANDO FL 32819				3. Date Incorporated or Qualified			
					04/25/1997		
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	Aı	pplied For
21 154		107 26 1541, W. OR	ange blo	issom (RAI	L 59-3444020	TT N	ot Applicable
Suite, Apt.	- •	AIU Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22 APOPKA 27						4	equired
City & State  City & State  23 APOPKA, FL  28 APOPKA, FL			FL		Election Campaign Financing     Trust Fund Contribution		May Be to Fees
23   <i> </i>	Country	Zip Zip	Countr	v	8. This corporation owes or has p		<del></del>
24 327		29 32703		SA	Personal Property Tax due Jun		No I
	9, Name and Address of Curi		1		10. Name and Address of New R		
U	VIGNE, JAMES R	<u>-</u>	81	Name	•		
S EAGA C VIDVAAAN DOAD					ss (P.O. Box Number is Not Accepta	hlei	
SUITE 500				Direct Address	33 (F.O. BOX HAINSON IS HOLVICOOPIC		
ORLANDO FL 32819				P			
			64	City		85 Zip	Code
· · · · · ·			]	1		FL   1	İ
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			JABAU		sident)	02/09/98	
12,	Signature typed (monited name of registered OFFICERS A	agent and life if applicable (	NOTE Registered As	gent signature required	when reinstating)  ADDITIONS/CHANGES TO OFF	CERS AND DIRECTOR	2S IN 12
TITLE	D	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONO/OFFARGED TO GITT	Change	Addition
NAME	RAJABALI, MOHAMED H		1.2 NAME				
STREET ADDRESS	5634-88 STREET, EDMONT	ON	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ALBERTA T6E 5R8, CANAL		1.4 CITY-	ST-ZIP			i
TITLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	rajabali, yasmin		2.2 NAME				
STREET ADDRESS	5634-88 STREET, EDMONT		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ALBERTA TEE 5R8, CANAL		2. 4 CITY-	ST-ZIP			
THTLE		☐ DELETE	31 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			]
CITY-ST-ZIP		☐ DELETE	3.4. City-	ST-ZIP		I Ohan	A district
TITLE		← nereit	4.1 TITLE			L Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP		Change	A. Addition
NAME		F precit	5.1 TITLE 5.2 NAME			JJ Change	Z AUURIUII
STREET ADDRESS				T ADDRESS		V/27/	ムー
CITY-ST-ZIP						7//6//	<i>(1)</i>
TITLE		DELETE	5.4 CITY - : 6.1 TITLE	31.11	40000245	Thanse	Addition
NAME			6.2 NAME		-03/11/98010		
STREET ADDRESS			6.3 STREE	I ADDRESS	***150,00	J*T-T**********************************	
CITY-ST-ZIP			6.4 CITY - 1		www.TOD*[II]		
<del></del>	ertify that the information supplied	with this filing does not qualif			ection 119.07(3)(i). Florida Statutes.	further certify that the	information

indicated on this annual report or supplies with this integration to exemption stated in Section 119.07(3)(1), 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 eath; 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.

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