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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$15543 1. Corporation Name 1. Corpo									
CANADA		CANADA			3. Date Incorporated or Qualifie 11/30/1990		ate of Last Re 19/1996	sport	
~¬ '	lace of Business	2a. Mailing Address			4. FEI Number		Ар	plied For	
Suite, Apt.	#, etc.	Suite, Apt #, etc.				52-1713577 Not Applicate \$8,75 Additional			
22		27			5. Certificate of Status Desired		Fee Re		
City & State	O .	City & State			6. Election Campaign Financing	·	\$5.00	- 1	
Zip	Country	28	Countr	V.	Trust Fund Contribution		Added to		
24	25		<u></u>	y	This corporation has liability to Florida Statutes		e tax under s. □ No	199.032,	
	9. Name and Address of Curr				10. Name and Address of New				
THE	PRENTICE-HALL CORPORATION	N SYSTEM INC.	81	Name					
	HAYS STREET		82	Street Add	dress (P.O. Box Number is Not Acceptable)				
	E 105		83	<u> </u>					
IALL	AHASSEE FL 32301								
			64	4 City		FL	85 Zip (Code	
agent. La SIGNATURE	Signature: type dior printed name of registerio a				poration submits this statement for the tion's board of directors. I hereby act individual in the statement for the tion's board of directors. I hereby act individual in the statement of the st	DATE			
TOTLE	VŠT	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	DIAMOND, CAREY J.		1.2 NAME					1	
STREET ADDRESS	35 MILLBANK AVE		1.3 STREE	ET ADDRESS					
CITY - S1 - 7IP	TORONTO, ONT PD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			····	Change	Addition	
TITLE NAME	DIAMOND, CAREY J.	biten		Ĭ			C Charige	C.J Addition	
STREET ADDRESS	35 MILLBANK AVE		2.2 NAME 2.3 STREE	T ADDRESS					
CHTY-ST-ZIP	TORONTO, ONT		2 4 CITY	- ST- ZIP					
THILE		☐ DEFE 1F	3.1 TITLE				Change	Addition	
NAME			3.2 NAME	i				,	
STREET ADDRESS				ET ADDRESS					
CHY-SI-7P Triuf		DELETE	3.4. CITY 4.1 TITLE				Change	Addition	
NAME			4 2 NAM				•		
STHEET ADDRESS			43 STREE	ET ADDRESS					
CITY-ST-ZIP			4.4 CiTY-	-ST-ZIP					
THLF		☐ DELETE	51 TITLE				☐ Change	Addition	
NAME			52 NAME	Į.					
STREET ADDRESS			5.3 STREE 5.4 CITY-	ET ADDRESS					
CITY-ST-ZIP TITLE							Change	Addition	
NAM i			6.2 NAME						
STREET ADDRESS			1	ET ADDRESS					
CHTY+S1+ZIP			6.4 CfTY	-ST-ZIP					
information	on indicated on this annual report o	r supplemental annual report is tru or the receiver or trustee empower	ue and according to and according to an according to a cording to a cordinate to a cordinate to a cordinate to	curate and the	ed in Section 119.07(3)(i), Florida Sta at my signature shall have the same ort as required by Chapter 607, Florid	egal effect a	as if made una	der oath: that	