FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
1996 MAY 10 AM 9:34
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S28622 (6)

1. Corporation Name
ROYAL PALM ACQUISITION CORPORATION

Principal Place of Business	Mailing Address
% OSIRIS HOLDING CORP. 383 STREET ROAD EAST TREVOSE PA 19047	% OSIRIS HOLDING CORP. 383 STREET ROAD EAST TREVOSE PA 19047

2. Principal Place of Business	2a. Mailing Address
21 3190 TREMONT AVENUE	26 4126 NORLAND AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TREVOSE, PA	City & State 28 BURNABY, B.C.
Zip 24 19053 / Country 25 U.S.A.	Zip 29 V5G 3S8 / Country 30 CANADA

3. Date Incorporated or Qualified: 01/31/1991
3a. Date of Last Report: 11/27/1995
4. FEI Number: 23-2648926 ☐ Applied For ☐ Not Applicable
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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

100001817261
-05/10/96--01102--014
*****200.00 *****200.00

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: ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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*****25.00 *****25.00

12. OFFICERS AND DIRECTORS

	Title	Name	Street Address	City-St-Zip	
1	D	MILLER, LAWRENCE	383 STREET ROAD EAST	TREVOSE PA	☐ DELETE
2	D	SHANE, WILLIAM R.	383 STREET ROAD EAST	TREVOSE PA	☐ DELETE
3					☐ DELETE
4					☐ DELETE
5					☐ DELETE
6					☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Title	Name	Street Address	City-St-Zip	
1	P		3190 TREMONT AVENUE	TREVOSE, PA 19053	☒ Change ☐ Addition
2	VST CFO		3190 TREMONT AVENUE	TREVOSE, PA 19053	☒ Change ☐ Addition
3	D	LOEWEN, RAYMOND L.	4126 NORLAND AVENUE	BURNABY, B.C., CANADA, V5G 3S8	☐ Change ☒ Addition
4	D	HYNDMAN, PETER S.	4126 NORLAND AVENUE	BURNABY, B.C., CANADA, V5G 3S8	☐ Change ☒ Addition
5					☐ Change ☐ Addition
6					☐ Change ☐ Addition

KSP 5/13/96

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 119.07(3)(k), 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.

SIGNATURE: ______ PETER S. HYNDMAND MARCH 19, 1996 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)