

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

DOCUMENT # S35887 (6)

1. Corporation Name

BESS-KOLSKI-COMBS, INC.

Principal Place of Business

10836 NORTH EAST 6TH AVE.
MIAMI FL 33161-7134

Mailing Address

4126 NORLAND AVE.
BURNABY BC V5G3S-8



3. Date Incorporated or Qualified

03/06/1991

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

V5G 3S8

30

Canada

4. FEI Number

65-0254818

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

C T CORPORATION SYSTEM
1200 SOUTH 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

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, with the applicable

(NOTE: Registered Agent Signatures are required when not stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

DAS
HYNDMAN PETER S.
4126 NORLAND AVE.
BURNABY BC V5G3S-8

TITLE NAME ☐ DELETE

C
LOEWEN, RAYMOND L.
4126 NORLAND AVENUE
BURNABY, BC

TITLE NAME ☐ DELETE

PAS
RUSSELL ROBERT D.
200 NORTH FEDERAL HWY.
POMPANO BCH., FL

TITLE NAME ☐ DELETE

ST
WRIGHT GARY L.
800-50 EAST RIVERCENTER BLVD.
COVINGTON KY 41011

TITLE NAME ☐ DELETE

D
LOEWEN, RAYMOND L.
4126 NORLAND AVENUE
BURNABY, BC

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ZIP = V5G 3S8

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

ZIP = V5G 3S8

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

ZIP = 33062

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

800-50 EAST RIVERCENTER BLVD.

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

ZIP = V5G 3S8

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

70000179468
-04/25/96 --01071--003
***200.00

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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER S. HYNDMAN MARCH 19, 1996 (604) 299-9321

Date: (Daytime Phone)

CR2E034 (12/95)