

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

FILED

98 JAN 13 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

O.I.A. REALTY INC.

Principal Place of Business

Mailing Address

4100 YONGE ST.  
SUITE 502  
NORTH YORK, ONT.  
CANADA M2P 2B5

SAME AS  
PLACE OF  
BUSINESS

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

98-0118592

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

PRENTICE HALL CORPORATION  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE, FL. 32301

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT & DIRECTOR ☐ DELETE  
NAME H. THOMAS BECK  
STREET ADDRESS 4100 YONGE ST. SUITE 502  
CITY-ST-ZIP NORTH YORK, ONT. CANADA M2P 2B5

TITLE SECRETARY ☐ DELETE  
NAME CATHERINE BECK  
STREET ADDRESS 4100 YONGE ST. SUITE 502  
CITY-ST-ZIP NORTH YORK, ONT. CANADA M2P 2B5

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP 400002401904--0

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

31. TITLE ☐ Change ☐ Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

41. TITLE ☐ Change ☐ Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition  
62. NAME  
63. STREET ADDRESS  
64. CITY-ST-ZIP

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

Catherine Beck  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 7/98 (416) 206-7279

Date

Daytime Phone #

CR2E034 (9/96)