

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S74890 (2)  
1. Corporation Name  
PYDERION MANAGEMENT LIMITED INC.

FILED

97 SEP -4 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1105 PEPPERIDGE DR  
PALM HARBOR FL 34683-5919

Mailing Address  
9120 LESLIE ST.  
SUITE 210  
RICHMOND HILL, ONTARIO (CAN) L4B3J-9

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 2555 DOLLARD AVE  
27 SUITE 202  
28 LASALLE QUEBEC  
29 HBN 1S2  
30 CANADA

3. Date Incorporated or Qualified  
08/16/1991

3a. Date of Last Report  
05/01/1996

4. FEI Number  
98-0120559

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
HRAWG CORP.  
2000 GLADES ROAD  
SUITE 400  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMILLEN, PAUL	1.2 NAME	MARK J. REED
STREET ADDRESS	9120 LESLIE ST. SUITE 210	1.3 STREET ADDRESS	202-2555 DOLLARD AVE.
CITY-ST-ZIP	RICHMOND HILL, ONT. L4B3J9	1.4 CITY-ST-ZIP	LASALLE QC CANADA HBN 1S2
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, DARRELL	2.2 NAME	
STREET ADDRESS	1105 PEPPERIDGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	800002288568-7
STREET ADDRESS		4.3 STREET ADDRESS	-09/09/97-01071-007
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CR2E034 (4/97)

**PYDERION**

20/3

August 18th, 1997

ANNUAL REPORTS FILINGS  
Division of Corporation  
PO Box 6327  
Tallahassee, FLORIDA 32314

Re: Document S74890 SECOND NOTICE  
FEI Number: 98-0120559

To whom it may concern,

Please find enclosed our check number 1753 in the amount of \$165.00 for payment of the 1997 PROFIT CORPORATION ANNUAL REPORT.

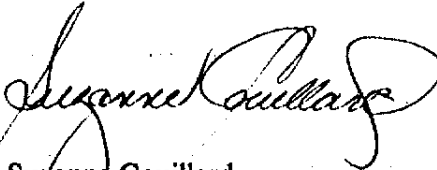
In reference to the above noted document, we would like to clarify the delay in your receiving this payment.

On July 7th, 1997, we forwarded our payment in the amount of \$165.00, our check number 1747 as well as our completed Document S74890 (copies enclosed).

On this 18th day of August, upon receiving our SECOND NOTICE, we contacted your offices and we were told to reissue another check in the amount of \$165.00.

We hope this will be to your complete satisfaction and remain at your complete disposal should you need more information.

Sincerely,

  
Suzanne Couillard  
Bookkeeper  
@ extension 4004



30/3

July 7th, 1997

ANNUAL REPORTS FILINGS  
Division of Corporation  
PO Box 6327  
Tallahassee, Florida 32314

Re: Document # S74890

To whom it may concern,

In reference to the above noted document, we would like to apologize for the delay in our remittance.

We hope that you will be inclined to waive the penalty fee for late payment. The reason for the delay is that our offices were, at the time of your billing, moving from our Richmond Hill location to our LaSalle location. The invoice therefore traveled within our postal system for quite some time.

Please be assured that this incident will not happen again. We hope this will be to your complete satisfaction and remain at your complete disposal should you need more information.

Sincerely,

A handwritten signature in cursive script, appearing to read "Suzanne Couillard".

Suzanne Couillard  
Bookkeeper  
@ extension 4004