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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F15196

(1)

1. Corporation Name

ELKAR HOLDINGS (FLORIDA), INC.

Principal Place of Business

215 NORTH EOLA DRIVE
ORLANDO FL 32801

Mailing Address

215 NORTH EOLA DRIVE
ORLANDO FL 32801-2026

3. Date Incorporated or Qualified

01/15/1981

3a. Date of Last Report

05/30/1996

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

30

4. FEI Number

59-2056341

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

JOHNSON, LORAN A.
215 N. EOLA DRIVE
ORLANDO FL 32801

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
MORTON, PAUL
STREET ADDRESS 1090 DON MILLS ROAD
CITY- ST- ZIP DON MILLS, ONT, CANADA

TITLE ☐ DELETE

NAME VD
GOLDBERG, LAURENCE
STREET ADDRESS 488 HURON STREET
CITY- ST- ZIP TORONTO, CANADA M5R-2R3

TITLE ☐ DELETE

NAME SD
GOLDBERG, ELAINE
STREET ADDRESS 1090 DON MILLS ROAD
CITY- ST- ZIP DON MILLS, ONT, CANADA

TITLE ☐ DELETE

NAME ASDT
MORTON, HENRY (P)
STREET ADDRESS 1090 DON MILLS ROAD
CITY- ST- ZIP DON MILLS, ONT, CANADA

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 DC ☒ Change ☐ Addition

12 NAME MORTON, PAUL
13 STREET ADDRESS 1090 DON MILLS ROAD, STE. 600
14 CITY- ST- ZIP DON MILLS, ONTARIO, CANADA M3C 3R6

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE DPTAS ☒ Change ☐ Addition

4.2 NAME MORTON, HENRY
4.3 STREET ADDRESS 1090 DON MILLS ROAD, STE. 600
4.4 CITY- ST- ZIP DON MILLS, ONTARIO, CANADA M3C 3R6

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY MORTON

Date

Daytime Phone #

CR2E034 (9/96)