## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## atherine Harris

Secretary of State ON OF CORPORATIONS

## DOCUMENT # F93000005131

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**FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90018 022 \*\*\*150.00

T.R.L. K	EY, INC.							
Principal Plac	ce of Business	Mailing Address			·	- 1 1001/100 1110 11100 1111 05/11 00/11 50/11 00/1	<b>                                    </b>	
920 YONGE ST		920 YONGE ST.						
SUITE 100		SUITE 100						
	TARIO M4W 3C7	TORONTO, ONTARIO M4W 3	3C7			DO NOT WRITE IN THI	S SPACE	
CA		CA				3. Date Incorporated or Qualifed		f
						11/12/1993		
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	plied For
21	м	26				NOT APPLICABLE		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
22 City & Sta	te T	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Counti	ry		8. This corporation owes the current year li		
24	25	— · -	30	•		Personal Property Tax.		□No [
	9. Name and Address of Current	<del> </del>				10. Name and Address of New Registere	d Agent	
	CORPORATION AVOTELL		8	1 1	Name			
	CORPORATION SYSTEM		8	2 0	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	PINE ISLAND RD.		"	<b>~</b>   `	Street Addres	SS (F.O. BOX Number is not Acceptation)		
PLAI	NTATION FL 33324		8	3				
			8	4 6			. 85 Zip C	eho:
			"	٦ (	City	F		,,,,,
office or I	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was au	thorized b	v the	arned corpor e corporation	ration submits this statement for the purpose of source of directors. I hereby accept the app	ointment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agen	and the Manniants (NOTE:	Desirtared Ac	ant eir	gnature required v	when reinstating) DATE		
12.	OFFICERS AN		13.	mir sir	dustara radanao A	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	DELETE	1,1 TITLE	 :		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	COOPER, RICHARD			E				
STREET ADDRESS	AND VOLIDE OF		1,3 STRE		DRESS			1
CITY-ST-ZIP	TORONTO, ONTARIO CANADA		1,4 CITY-					į
TITLE	V	DELETE	2.1 IIILE		<del>-   -</del>		☐ Change	☐ Addition
NAME	COOPER, SYDNEY C		2.2 NAME	E				1
STREET ADDRESS	OND VOLICE OF		2.3 STRE		DRESS			}
CITY-ST-ZIP	TORONTO, ONTARIO CANADA		2. 4 CITY					,
TITLE	VST	DELETE	3.1 TITLE				Change	☐ Addition
NAME	BEKHOR, EDWARD		3.2 NAME	Ε				j
STREET ADDRESS	AND VONOE OF		3.3 STRE	ETAD	ODRESS			1
CITY-ST-ZIP	TODONTO ONTADIO CAMADA		3.4. CITY-	-ST-Z	ZIP			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4, 2 NAM					1
STREET ADDRESS			4.3 STRE		DORESS			]
CITY-ST-ZIP			4.4 CITY-ST-2		IP			
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME	Ξ				ļ
STREET ADDRESS	1		5.3 STRE	ET AD	ORESS			1
CITY-ST-ZIP	-ZIP 5.4 C			CITY-ST-ZIP				
TITLE		DELETE 6.1					☐ Change	☐ Addition
NAME			6.2 NAME	Ē				
STREET ADDRESS			6.3 STRE	ET AD	DRESS			į
	1		64 CITY	ST_71	ıp			

14. I 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 changes or on an attachment with an address, with all other like empowered.