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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 23, 1999 8:00 am Secretary of State 03-23-1999 90019 031 \*\*\*150.00

DOCHMENT #	F9400005497
DOCOMENT#	F94UUUUU0497
1. Corporation Name	. 0 0000000

1039517	ONTARIO INC.		,~		
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·			·		
Principal Plac	e of Business	Mailing Address			
4342 BLUE WATER PLACE 4342 BLUE WATER PLACE			'		
I BURLINGTON C	BURLINGTON ONTARIO CANADA L7L1E  BURLINGTON ONTARIO CANADA L7L1E  US  US		DO NOT WRITE IN TH	IS SPACE	
100		00		3. Date incorporated or Qualifed	
l				10/24/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /12	#, etc.	26 as at	ione	98-0150150	Not Applicable
	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	Intangible ☐ Yes ☑No
24	9. Name and Address of Curren	29	30	Personal Property Tax.  10. Name and Address of New Registere	
<u> </u>	9. Name and Address of Curren	r Kadiziaian Adaiit	81 Name	10. Name and Address of the Rogistale	u Agem
BRU	INTON REGISTERED AGENTS INC	<b>)</b> .			
4710	NW BOCA RATON BLVD., #101		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BOC	CA RATON FL 33431		83		
[					log Zin Codo
i/			84 City	F	Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or r	registered-agent, or both, in the State of the obligation of the o	of Florida. Such change was tions of Section 607,0505. Fl	authorized by the corporation orida Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
1	///A	110-f	2-6	14/11/	-1777
SIGNATURE	Algnatus, typed or printed name of registered ages	and title if applicable. (NOT	E: Registered Agent signature require		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	POC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAFTIS, JACK N		1.2 NAME		
STREET ADDRESS	4342 BLUE WATER PLACE	24.171.45	1.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON ONTARIO CANAL		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	V DAETIC IOAN E	☐ DELETE	2.1 πιΕ		☐ Change ☐ Addison
NAME	RAFTIS, JOAN E		2.2 NAME		
STREET ADDRESS		DA 17115 A	2.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON ONTARIO CANAI	DA L/LTE 3	2.4 CITY-ST-ZIP		Change Addition
TITLE		₩ DETE!E	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETÉ	3.4. CITY-ST-ZIP		Change Addition
NAME		prefere	4.1 ITEE	,	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	[		4.4 CITY-ST-ZIP		
TITLE	<del></del>	☐ DELETE	5.1 TITLE		Change Addition
	1				
NAME		_	5.2 NAME		
NAME STREET ADDRESS		_	5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS					
		DELETE	5.3 STREET ADDRESS		Change Addition

14. I hereby certify that the information supplied with this filling 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 trusted 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 open attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP