Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90010 047 \*\*\*150.00

## 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

## DOCUMENT # P93000052070

OLDLAND FLORIDA ENTERPRISES, INC.

Principal Place	e of Business	Mailing Add	ress				1		1 <b>86</b> 1084 <b>98</b> 46 <b>9</b>			19611 BEII (881
Principal Place of Business 400 MAGOG ROAD NORTH HATLEY, QUEBEC JOB 2CO CANADA		400 MAGOG I	400 MAGOG ROAD NORTH HATLEY, QUEBEC JOB 200					C	OO NOT WE	ITE IN TH	IS SPACE	
ос		OC	OC				3. Date Incorporated or Qualifed					
								/23/1993				
<del>-</del> -, '	lace of Business	2a. Mailing A	Address					Number			<b>—</b>	pplied For
21	4	26					65	-0454739			<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Ap	i. #, etc.				5. Ce	rtifcate of Stati	us Desired		•	Additional equired
City & State	Α	27 City & St	nate				£ Flo	ection Campaig	n Financino			May Be
23	9	28	•				1	ist Fund Contri		' □	•	to Fees
Zip	Country	Zip		Count	ry		8. Thi	is corporation of	owes the cu	rrent year	Intangible	
24	25	29	3	0			Pe	rsonal Propert	y Tax.		☐ Yes	□No
***	9. Name and Address of Curre	ent Registered Age	ent				10. Na	me and Addre	ess of New	Registere	d Agent	
, cap	PORATION SERVICE COMPAN	1		8	31   P	Name						
	HAYS STREET	1		8	12 5	Street Addre	ss (P.O.	Box Number is	s Not Accep	table)		
1	AHASSEE FL 32301			L	13							
17166	ALL OLD TE OLD T			*	,3							
				8	14 (	City				F	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 I	Florida Statutes	the abo	ve-n	amed corpo	ration su	bmits this state	ement for th	e nurpose	of changing its	s registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such c	hange was autl	horized b	by the	e corporation	n's board	of directors. I	hereby acc	ept the ap	pointment as re	egistered
∣ ayentita	m lamiliai with, and accept the oblig	iauons of, Section (										
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable				gnature required	when reinsta	ating)		DATE		
SIGNATURE		ent and title if applicable				gnature required		ating) PITIONS/CHAN	IGES TO O			
<u> </u>		ND DIRECTORS		tegistered Ag	gent sig	gnature required			IGES TO O		AND DIRECTO	DRS IN 12
12.	OFFICERS A  D  OLDLAND, JOHN	ND DIRECTORS	(NOTE: R	tegistered Ag	gent sig	gnature required			IGES TO O			
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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 changed, of on an attachment with an address, with all other like empowered.

SIGNATURE: \_

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR