FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000061694 (4)

1. Corporation Name
RISTIMAKI PROPERTIES, INC.

Principal Place of Business
%AUTO HAULAWAY, INC.
886 WINSTON CHURCHILL BLVD.
OAKVILLE, ONTARIO L6J -5A2

Mailing Address
P.O. BOX 333
OAKVILLE, ONTARIO L6J -5A2

3. Date Incorporated or Qualified: 08/30/1993
3a. Date of Last Report: 06/02/1994

2. Principal Place of Business	2a. Mailing Address
21 3350 Bourbon Lane	26 5075 Yonge Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 600
City & State 23 Englewood, Florida	City & State 28 North York, Ontario
Zip 24 34224 / Country 25 U.S.A.	Zip 29 M2N 6C6 / Country 30 Canada

4. FEI Number: NOT APPLICABLE — ☐ 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

KIMBROUGH, ROBERT A
1530 CROSS ST.
SARASOTA FL 34236-7015

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	P/T ☒ Change ☐ Addition
NAME	RISTIMAKE, RONALD A	1 2 NAME	Ristimaki, Ronald A.
STREET ADDRESS	1530 CROSS ST.	1 3 STREET ADDRESS	1530 Cross Street
CITY-ST-ZIP	SARASOTA FL	1 4 CITY-ST-ZIP	Sarasota, Florida 34236-7015
TITLE	VPS	2 1 TITLE	☐ Change ☐ Addition
NAME	RISTIMAKI, LEAH M	2 2 NAME	
STREET ADDRESS	3350 BOURBON LN.	2 3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ______ (Ronald Ristimaki) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: APR 30/95 Daytime Phone #: 813-927-1447

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