

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**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90004 040 \*\*\*150.00

**DOCUMENT # 439920**

1. Corporation Name  
**TOP GALLANT CORPORATION**

Principal Place of Business

5 CATARAQUI ST.  
P.O. BOX 1420  
KINGSTON ON K7L5C  
US

Mailing Address

5 CATARAQUI STREET  
P.O. BOX 1420  
KINGSTON ON K7L5C  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1973

2. Principal Place of Business

21 863 Princess Street

2a. Mailing Address

26 863 Princess Street

4. FEI Number

59-1603874

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 302

Suite, Apt. #, etc.

27 Suite 302

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

23 Kingston, Ontario

City & State

28 Kingston, Ontario

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

24 K7L 5N4 25 Canada

Zip

29 K7L 5N4 30 Canada

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS INC.  
4710 N.W. BOCA RATON BLVD.  
SUITE 101  
BOCA RATON FL 33431

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 PD ☐ DELETE  
NAME ROSEN, SYLVIA  
STREET ADDRESS 5 CATARAQUI ST  
CITY-ST-ZIP KINGSTON, ONT CA 00000

TITLE D ☐ DELETE  
NAME ROSEN, HARVEY  
STREET ADDRESS 5 CATARAQUI ST  
CITY-ST-ZIP KINGSTON, ONT CA 00000

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS Suite 302, 863 Princess Street  
1.4 CITY-ST-ZIP Kingston, Ontario, K7L 5N4 CANADA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS Suite 302, 863 Princess Street  
2.4 CITY-ST-ZIP Kingston, Ontario, K7L 5N4 CANADA

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0001780