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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # 439920



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90004 040 ***150.00

TOP GAL	LLANT CORPORATION						
Principal Place	e of Business	Mailing Address			, 198111 61298 11116 15116 18118 11811	3.01, 5.21, 6,61, 616,	
T T T T T T T T T T		5 CATARAQUI STREET					
· · · · · · · · · · · · · · · · · · ·		P.O. OX 1420 KINGSTON ON KTUSC	P.O. OX 1420 KINGSTON ON K7L5C		DO NOT WRITE	IN THIS SPACE	
US US AMOSTON ON KILSO					3. Date Incorporated or Qualifed		
		_			11/15/1973		
	lace of Business	2a. Mailing Address	_		4. FEI Number		Applied For
21 863 Princess Street 26 863 Princess		ss Str	eet_ <u>.</u>	59-1603874		Not Applicable	
Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required	
22 Suite 302 27 City & State		27 Suite 302 City & State					
		 - 	.		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Zip	ston Ontario Country	Zip Kingston, (<u>Jntari</u> Country		8. This corporation owes the current		3 10 1 003
⊢ '	_ ′	⊢ ' ⊢	Cana		Personal Property Tax.	Yes	□No
24 K7L 5	N4 25 Canada 9. Name and Address of Current		Joana	<u>.u.</u>	10. Name and Address of New Reg	istered Agent	
			81	Name			
BRUNTON REGISTERED AGENTS INC.			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
4710 N.W. BOCA RATON BLVD.			52	Sueer Addr	ess (F.O. DOX MUITIDE) is NOt Acceptable	· <i>i</i>	
	E 101 A RATON FL 33431		83				
BUC	A HAIVITTE WHIT		84	City		FL 85 Zig	Code
office or n	registered agent or both in the State o	f Florida. Such change was suff	horized by	the porporation	oration submits this statement for the pu	ne appointment as	registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statutes				
agent. I a	rn familiar with, and accept the obligate	and title if applicable. (NOTE: R	a Statutes		d when reinstating)	DATE	
agent. I a	rn familiar with, and accept the obligation of the state of registered agent OFFICERS AND	and title if applicable. (NOTE: R	ia Statutes			DATE	ORS IN 12
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED