CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # 592161 (4)

1. Corporation Name
WOODGLEN OF SARASOTA, INC.

Principal Place of Business	Mailing Address
2323 YONGE STREET. SUITE 502 TORONTO. ONTARIO M4P 2G9 CANADA	2323 YONGE STREET. SUITE 502 TORONTO. ONTARIO M4P 2G9 CANADA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1978
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business 21: 40 St. Clair Ave. W.	2a. Mailing Address 26: 40 St. Clair Ave. W.
Suite, Apt. #, etc. 22: 201	Suite, Apt. #, etc. 27: 201
City & State 23: Toronto, Ontario	City & State 28: Toronto, Ontario
Zip 24: M4V 1M2 / Country 25: Canada	Zip 29: M4V 1M2 / Country 30: Canada

4. FEI Number: 59-1865313 ☐ 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	10. Name and Address of New Registered Agent
ABEL, HARVEY J. 200 SOUTH WASHINGTON BLVD. SARASOTA, FLORIDA DM	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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 ~~Paul Manchester, President~~ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MANCHESTER, S. PAUL	12 NAME	
STREET ADDRESS	10 TOBA DR.	13 STREET ADDRESS	
CITY ST ZIP	NORTH YORK,ONTARIO	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MANCHESTER, CLAUDIA A.	22 NAME	
STREET ADDRESS	10 TOBA DR.	23 STREET ADDRESS	
CITY ST ZIP	NORTH YORK,ONTARIO	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 added to the report.

SIGNATURE: PAUL MANCHESTER - PRESIDENT 3/25 (416)968-1390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)