FILE NOW: FILING FEE AFTER MAY 1 IS $XXX.XX

CORPORATION ANNUAL REPORT ~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 11 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAID $200.00
CK# 1185
08/02/94

1. Corporation Name
NEW CALEDONIA COMPANY

DOCUMENT #
F01450 (8)

Mailing Address	Principal Place of Business
1200 SHEPPARD AVE. E. STE 108 WILLOWDALE, ONT. M2K 2S5 ~~11001-0000~~	1200 SHEPPARD AVE. E. STE 108 WILLOWDALE, ONT. M2K 2S5 11001-0000

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 10/14/1980
3a. Date of Last Report: 08/02/1993
4. FEI Number: 59-2256772 — Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEARNS, WEAVER, MILLER, WEISSLER, ALHADEFF & SITTERSON, P.A.
~~ONE TAMPA CITY CENTRE SUITE 3300~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 401 EAST JACKSON STREET, SUITE 2200
83
84 City: TAMPA FL 85 Zip Code: 33601

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______________ DATE ______________
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/T/D	1.1 TITLE	
1.2 NAME	LEVY, CLIFF	1.2 NAME	
1.3 STREET ADDRESS	~~1110 CULBREATH ISLES DRIVE~~	1.3 STREET ADDRESS	1616 CULBREATH ISLES DRIVE
1.4 CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
2.1 TITLE	V/A/S	2.1 TITLE	
2.2 NAME	LEVY, ARIC	2.2 NAME	
2.3 STREET ADDRESS	~~15 BRIAN CLIFF DRIVE~~	2.3 STREET ADDRESS	14 YORK RIDGE ROAD
2.4 CITY-ST-ZIP	~~DON MILLS, ONTARIO M3B2H1~~	2.4 CITY-ST-ZIP	NORTH YORK, ONTARIO M2P 1R7
3.1 TITLE	P/S/D	3.1 TITLE	
3.2 NAME	LEVY, SIGMUND	3.2 NAME	
3.3 STREET ADDRESS	217 BURBANK DRIVE	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	WILLOWDALE, ONTARIO M2K1P5	3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	T/S 4/11/95
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	400001454514
5.3 STREET ADDRESS		5.3 STREET ADDRESS	-04/12/95--01068--020
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	****200.00 ****200.00
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] CLIFF LEVY ~~ARIC LEVY~~ MARCH 22, 1995 ~~FEB 8, 1994~~ (813) 251-9365 ~~(416) 494-3191~~
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #