1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F01450

NEW CALEDONIA COMPANY

Principal Place of Business

Mailing Address

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90083 048 ***150.00



1200 SHEPPARD AVE. E., STE 106 1200 SHEPPARD AVE. E., STI WILLOWDALE, ONT. M2K 255 11861-6028 WILLOWDALE, ONT. M2K 255				28		DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporated or Qualifed 10/14/1980			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		T	Applied For
<u> </u>						59-2256772		├ ~+~	Not Applicable
21 26			C.						Additional
22 27						5. Certifcate of Status Desired			Required
City & State City & State						6. Election Campaign Financing			O May Be
23 28						Trust Fund Contribution		Adde	d to Fees
Zip	Country Zip Coun								
24	25 29 30			Personal Property Tax.					
Name and Address of Current Registered Agent						10. Name and Address of New F	tegistered /	Agent	
				1 1	Name	ame			
STEARNS, WEAVER, MILLER, WEISSLER, ALHADEFF & SITTERSON, P.A.				2 3	Street Addres	reet Address (P.O. Box Number is Not Acceptable)			
401 E. JACKSON ST., SUITE 2200			83	<u>-</u>					
TAMPA FL 33601			1	٦					
17,611	7 (2 0000)		· 84	4	City		FL	85 Zi	p Code
11. Pursuant i	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	s, the abov	ve-n	named corpor	ration submits this statement for the	purpose of	changing	its registered
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: Registere					ionature required y	when rainstating)	DATE		
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
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STREET ADDRESS	217 DONDANNE DINE				DDRESS				Ì
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CITY-ST-ZIP		1 / 1 =	6.4 CITY-	ST-Z	ZIP				

14. 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 suppliemental 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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE: