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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F85597** **(5)**

1. Corporation Name

MILLGATE FINANCIAL CORPORATION, INC.

Principal Place of Business	Mailing Address
1550 RINGLING BLVD. SARASOTA FL 34236-6749	1550 RINGLING BLVD. SARASOTA FL 34236-6749

3. Date Incorporated or Qualified: **06/16/1982**

3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business	2a. Mailing Address
21 200 S. Orange Avenue	26 200 S. Orange Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sarasota, FL 34236	City & State 28 Sarasota, FL 34236
Zip 24 / Country 25 U.S.	Zip 29 / Country 30 U.S.

4. FEI Number: **59-2406849** ☐ 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

GRIMES, MICHELE BOARDMAN
WILLIAMS,PARKER,HARRISON,DIETZ & GETZEN
1550 RINGLING BLVD.
SARASOTA FL 33578

10. Name and Address of New Registered Agent

81 Name: GRIMES, MICHELE B.
82 Street Address (P.O. Box Number is Not Acceptable): WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN
83: 200 S. Orange Avenue
84 City: Sarasota FL 85 Zip Code: 34236

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's signature required when no officer signs) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WEISS, EDWIN		1.2 NAME	
STREET ADDRESS	21 POPLAR PLAINS CRES.,		1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONT.,CANADA		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WEISS, EDWIN		2.2 NAME	
STREET ADDRESS	21 POPLAR PLAINS CRES.,		2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONT.,CANADA		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
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 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.

SIGNATURE: EDWIN WEISS March 15/96 416-964-6181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)