## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300000791

1. Corporation Name

## PREMDOR CORPORATION

Principal Place of Business		Mailing Address			T CONTINUE THE TOTAL COLUMN CONTINUENT CONTI				
ONE N. DALE MABRY SUITE 950		HOLLAND & KNIGHT / ATTN: KATHLEEN WHEELER 400 NORTH ASHLEY #2300 / P.O. BOX 1288							
TAMPA FL 33609		TAMPA FL 33601-1288				DO NOT WRITE IN THIS SPACE			
					1	: Incorporated or Qualife	1		
	and the second territory	1 - 44 % . 444				16/1993		1.1.	
2. Principal Place of Business		2a, Mailing Address			4. FE11				plied For
Suite, Apt. #, etc		26   Suite, Apt. #, etc.			36-	1422703			t Applicable
	#, etc	· ·			5. Certi	ifcate of Status Desired.	84	<b>\$8.75</b> A Fee Re	
City & State	e	City & State			A 51	tan Compains Lugarous			
23		28			1 -	tion Campaign Financing J. Fund Contribution	[ +	\$5.00 Added to	
Z <sub>1</sub> p	Country	Zip	Country		}	corporation owes the cu	rent vear Inta		
24 25		29 30		1 -	onal Property Tax	, com year min		[ ]No	
	9. Name and Address of Current		` I .		10. Nam	ne and Address of New	Registered A	Agent	
	DOD 17:01: 070: 007 001:01:01		81	Name					
	PORATION SERVICE COMPANY		82	Store Adda	SSTP O. B	Box Number is Not Acces	table)		
	HAYS STREET		**	chi cor raidic	(	and the man to be repaired	,		
TALL	AHASSEE FL 32301		83						
			84	City				85 Zip C	'odo
			1	City			FL	3 74,0	, vide
office or ri	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida, Such change was au	thorized by:	enamed corpo the corporation	ration subr n's board o	mits this statement for the of directors. If hereby accounts	e purpose of ept the appoir	changing its struent as re-	registered gistered
SIGNATURE	,								
	Signature, typed or printed name of registere Fages (a		والإنجاز فالمعاور بالأ	System and	$\mathbf{w}_{\mathbf{r}^{\mathbf{a}}}(\mathbf{a}) = \mathbf{v}_{\mathbf{r}^{\mathbf{a}}}(\mathbf{a}) = \mathcal{A}(\mathbf{a})$	rat	CATE		
12.	OFFICERS AND		13.		ADDIT	TIONS/CHANGES TO O	FFICERS AN		
TITLE	DP	[   DELETE	1.1 Tiflef			an consumer and and and		[   Change	[   Add ton
NAME	ORSINO, PHILIP S		1.2 NAME			- <b>600000</b> - 85/0	'ESES 2-1	وخازر ال	SCOTA
STREET ADORESS	1600 BRITANNIA RD. E.		13 STREET AN (IRE 8 s						
CITY-ST-ZIP	MISSISSAUGA, ONT L4W1J2		14 C/TY+S1+2/P			न-व-क-कः	×8,75	- 岩東東本多東 	
TITLE	S	[   DELETE	21Ti1LF			GOUGOA	0000000000	{   Change	{   Addition
NAME	ULSTER, HARLEY		2.2 NAMS			1997B	1/33 0	ines e	10 P.S
STREET ADDRESS	1600 BRITANNIA RD., E		2.3 STREET ADORESS				50.00	****15	.a. aa
CITY-ST-ZIP	MISSISSAUGA, ONT L4W1J2	[ ] pure re	2 4 CITY-S1 7-F						
TITLE	THERESING POREST V	[   DELETE	31111.6					[   Change	[   Addition
NAME	TUBBESING, ROBERT V		3.2 HAME						
\$TREET ADDRESS	1600 BRITANNIA RD., E		3.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	MISSISSAUGA, ONT L4W1J2	[   DELETE	34 CITY-S1-ZIF					F 1 Change	["] Addition
NAME -	MACISAAC, STEVE	[ ] Dett. (C	4 2 NAM					[ ] Change	[ ] M00-500
STREET ADDRESS	ONE N. DALE MABRY SUITE 95	ń	4 2 NAME 4 3 STREET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33609	U	4.3 STR:1:						
TITLE	TAMI A TE SSOUS	[   Decete	51 TITLE	-ZIF				[   Change	[ ] Add tion
NAME			5.2 NAME	]				2 7	,,
STREET ALIORESS			53STREET	ADDRESS					
CITY-ST-ZIP			5400115						
TITLE		[ ] DELETE	6 1 11TLF					[   Change	[ ] Addiboo
NAME			6.2 NAM:						_
STREE! ADDRESS			63 STREET	ADDRESS					
CITY-ST-ZIP			64 CITY 51	-261					VV/ /
14. I hereby c	ertify that the information supplied with on this annual report or supplemental a	nnual report is true and accura	ate and that	my signature.	shall have	the same legal effect as	if made unde	r oath; that I	ani 📊 🖊 🗀
officer or o	director of the corporation or the receive or Block 13 if changed, or on an attachi	er or trusted empowered to ex-	ecute this re	port as reguire	ed by Chap	pter 607. Előnda Statute	s, and that m	/ пате арре	ลศร เก

SIGNATURE:

4-26-99

FILED

99 APR 27 ANTI: 39

ELOGETARY OF STATE FULLALASSEE, FLORIDA