PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F93000002746 (6) **DOCUMENT #**

872520 ONTARIO INC

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 5 KING STREET **5 KING STREET** ORILLIA. ONTARIO CANADA L3V 1R2 ORILLIA, ONTARIO CANADA L3V 1R2 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 52-1832103 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRUNTON REGISTERED AGENTS INC. 4710 N.W. BOCA RATON BLVD., #101 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change TITLE TUCKER, LEO NAME 1.2 NAME R.R. #7 STREET ADDRESS 1.3 STREET ADDRESS ORILLA ONTARIO CANADA L3V6H7 CITY - ST - ZIP 1.4 CITY - ST - ZIF TITLE DELETE 2.1 TITLE Change Addition SKILTON, RON NAME 2.2 NAME GROUP BOX 7 PRESQU'ILE PK STREET ADDRESS 2.3 STREET ADDRESS BRIGHTON ONT CA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME STREET ADDRESS 4.3 STREET ADDRESS C!TY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE □ DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this appual 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 shanged, or on an although 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 shanged, or on an although the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the corporation of the receiver o

0 50/90 Mos-306-737/ SIGNATURE: