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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT 25 STATE

Sandra B. Mor. 🧥

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300005439 (5)

478386 ONTARIO LIMITED CORPORATION

FILED Jun 03 1997 8:00am Secretary of State

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Suite, Apt. #, etc. 22 City & State 23 Zip Country		225 8 WESTMONTE DR STE 3020	STE 3020 ALTAMONTE SPRINGS FL 32714-4218 US 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28				Be s
24	25	29	30		Florida Statutes Yes No		
225	9, Name and Address of Current , DAVID W. S. WESTMONTE DR., STE. 3020 MONTE SPRINGS FL 32714		81 82 83	Street Addi	10. Name and Address of New Reg DSEPH E. WHITA ress (P.O. Box Number is Not Acceptable	KER	
SIGNATURE	the provisions of Sections 607,0502 gistered agent, or both, in the state ramiliar with, and accept me obligationally typed or printed name of registered agen. OFFICERS AND	It and title if applicable (NC	\prec		poration submits this statement for the pution's board of directors. I hereby accept red when reinstating) ADDITIONS/CHANGES TO OFFICE	rpose of changing its regis the appointment as registe DATE	
TITLE NAME STREET ADDRESS City-St-Zip	DST SILVER, SHOEL 114 GLENAYR ROAD TORONTO, ONTARIO MSP 3C	☐ DELETE	1.1 TITLE 1.2 NAME	T ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICE		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COOPER, BERNARD 2 VESTA DR., RICHMOND HILL ONTARIO L4B 2L9	☐ DÉLETE	2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	T ADDRESS ST-ZIP			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Lubin, Lawrence 333 Banbury Road North York on	□ DELETE	3.4. CITY-	T ADDRESS ST-ZIP			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-	T ADDRESS		Change A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS		Change A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY-	T ADDRESS		☐ Change ☐ A	Addition

14. I do 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 supplemental annual report is true and accurate and that my signature shall have the same logal 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.

CIGNATURE.