

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000005440 (3)

1. Corporation Name

833846 ONTARIO LIMITED CORPORATION



Principal Place of Business

Mailing Address

ONE YORKDALE ROAD, STE. 510  
NORTH YORK  
ONTARIO M6A 3A1, CANADA

ONE YORKDALE ROAD, STE. 510  
NORTH YORK  
ONTARIO M6A 3A1, CANADA

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 225 S. Westmonte Drive

22 City & State

27 Suite 3020

23 Zip

Country

28 Altamonte Springs, FL

24

25

Country

29 32714

30

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/30/1993

3a. Date of Last Report

02/21/1995

4. FEI Number

98-0112574

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

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

~~MCENULTY, FRANK~~  
225 S. WESTMONTE DR., #3020  
ALTAMONTE SPRINGS FL 32714

81 Name

DAVID W. HALL

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

DAVID W. HALL

2/12/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME DVS  
SILVER, SHOEL  
STREET ADDRESS 114 GLENAYR ROAD  
CITY-ST-ZIP TORONTO, ONTARIO M5P 3C2

1.2 TITLE ☒ DELETE

NAME DP  
SILVER, EILEEN  
STREET ADDRESS 114 GLENAYR ROAD  
CITY-ST-ZIP TORONTO, ONTARIO M5P 3C2

1.3 TITLE ☐ DELETE

NAME DAS  
COOPER, BERNARD  
STREET ADDRESS 2 VESTA DR., RICHMOND HILL  
CITY-ST-ZIP ONTARIO L4B 2L9

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VSD

LAWRENCE LUBIN

333 Banbury Road

North York, Ontario M2L 2V2 Canada

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:

*Lawrence Lubin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

407-865-5444

Daytime Phone #

CR2E034 (12/95)