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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005440

Principal Place of Business

833846 ONTARIO LIMITED CORPORATION

2221 NEE ROAD SUITE 24	)	2221 LEE ROAD SUITE 24						
WINTER PARK	FL 32789	WINTER PARK FL 32789			Į	DO NOT WRITE IN	THIS SPACE	
US L		US				3. Date Incorporated or Qualifed 11/30/1993		
2. Principal P	lace of Business	2a. Mailing Address			1	4. FEI Number	Applied For	
21		26				98-0112574	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of States Desired [1]	Fee Required		
City & State	e	City & State			ſ	6, Election Campaign Financing	\$5.00 May Be	
23		28			ļ	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Fri π	Country	,		8. This corporation owes the current year		
24	9. Name and Address of Current I		30		1	Personal Property Tax	[   Yes   E.]No	
	9. Name and Address of Current	registered Agein	 81	Name	-	10. Name and Address of New Registe	Hed Agent	
PRA1	IT, JAMES R ESQ.			110				
	HAM, CLARK, JONES, BUILDER, PRA	IT & MARKS	82 Street Addre		Address	s (P.O. Box Number is Not Acceptable)		
	NORTH NEW YORK AVENUE, 3RD		83					
	TER PARK FL 32789							
			84	City			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 bound of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or profited name of registered agent and title if applicable (NOTE. Registered Agent's grouped to repetite the remediate profit to remediat								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER		
TIFLE	PD	[] DELETE	11106		Vice	Pres./ Secy./ Direct		
NAME	SILVER, SHOEL		1.2 NAME			60000279		
STREET ADDRESS	2221 LEE ROAD, SUITE 24		1.3 STREE	LADDRESS				
C/TY-ST-ZIP	WINTER PARK FL 32789		14 CiTr - S	I-7)-1		****450.0		
TITLE	VSD	<b>∭</b> DELETE	2 1 TITLE				[ ] Change [ ] Addition	
NAME	LUBIN, LAWRENCE		2.7 NAME					
STREET ADDRESS	2221 LEE ROAD, SUITE 24		23 STREE	TADORESS				
CITY-ST-ZIP	WINTER PARK FL 32789		2 4 C(1 Y - ST - Z(F)					
TITLE	DAS ETDELETE		3 1 TifleF				[   Change   [ ] Addition	
NAME	COOPER, BERNARD		3.2 NAME					
STREET ADDRESS	2221 LEE ROAD, SUITE 24			I ADDRESS	İ			
CITY-ST-ZIP	WINTER PARK FL 32789	[]DELETE	34 City 5	ST-200			[   Change   <b>[X</b> i Addition	
TITLE		[ TECCCIC	1			sident/ Director	Literange (X) Applied	
NAME CYDEET ADODESS			4 2 NAME	ADDES OF		ER, Eileen		
\$TREET ADDRESS				LADORESS	2221	Lee Road, Suite 24		
CITY-ST-ZIP TITLE		[   DELETE	44 CITY-S	1 - 2161	wint	er Park, FL 32789	[   Change [ ] Addition	
NAME		į ibricii.	5 2 NAME				[ ] Change [ ] Mosikon [	
STREET ADDRESS			53 STREE	LANDRESS	1			
			54 City-S		1			
CITY-ST-ZIP TITLE		[]DELETE	61 Tiri.F		1		[]Change []Addition	
NAME		£ 3	62 NAVE		1			
STREET ADORESS			6381REE	LADORESS			1711	
			64 City-S		1			
14. I hereby c	ertify that the information supplied with	this filing does not qualify for t	.■. the exempt	on stated	i d in Sect	tion 119 07(3)(i). Florida Statutes I furthe	r 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 attactment with an address, with all other like empowered.								

SIGNATURE: O NAME OF SIGNING OFFICER OR DIRECTOR

FeB. 22/99 (416) 785-1000