

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 17 1997 8:00am  
Secretary of State

DOCUMENT # F94000002793 (7)

1. Corporation Name

ROYKER INVESTMENTS LIMITED CORP.



Principal Place of Business

P.O. BOX 400  
CATHARINES ONTARIO, CA L2R6V9

Mailing Address

P.O. BOX 400  
CATHARINES ONTARIO, CA L2R6V9

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

09/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS, INC.  
4710 NW BOCA RATON BLVD., #101  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HOWE, RAYMOND  
STREET ADDRESS 88 LAKEPORT ROAD, UNIT 11  
CITY-ST-ZIP ST CATHERINE ONTARIO

TITLE SD ☐ DELETE

NAME HOWE, THERESA A  
STREET ADDRESS 2 VERDUN AVE  
CITY-ST-ZIP ST CATHERINE ONTARIO

TITLE D ☐ DELETE

NAME HOWE, MICHAEL  
STREET ADDRESS 4 WILLCHER DR  
CITY-ST-ZIP ST CATHERINE ONTARIO

TITLE D ☐ DELETE

NAME HOWE JR, KERRY T  
STREET ADDRESS 15 PINE ST.  
CITY-ST-ZIP ST CATHERINE ONTARIO

TITLE D ☐ DELETE

NAME DEGASPERIS, MARY-TERESA  
STREET ADDRESS 12 KILLARNEY CRESCENT  
CITY-ST-ZIP THOROLD ON

TITLE D ☐ DELETE

NAME COLACARRO, SHEILA  
STREET ADDRESS 3 VILLAGE GREEN  
CITY-ST-ZIP ST CATHERINE ONTARIO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 32 Barbican Trail

1.4 CITY-ST-ZIP ST. CATHERINES, ONTARIO L2T 4R3

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

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 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: *[Signature]* SIGNATURE REQUIRED

CR2E034 (4/97)