

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED

59 JAN -4 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002793 (7)

1. Corporation Name

ROYKER INVESTMENTS LIMITED CORP.

Principal Place of Business

P.O. BOX 460
CATHARINES ONTARIO CA L2R6V9

Mailing Address

P.O. BOX 460
CATHARINES ONTARIO CA L2R6V9



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

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

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

10. Name and Address of New Registered Agent

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

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)

12/29/94

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HOWE, RAYMOND
STREET ADDRESS 32 BARBICAN TRAIL
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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 12/22/98 DAYTIME PHONE 905 6881012

CR2E034 (10/97)