

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5:24

DOCUMENT # F94000005456 (8)

1. Corporation Name

FLORIDA GPI, INC.

Principal Place of Business

130 ALBERT ST., #1500
OTTAWA ONTARIO CANADA K1P -5G4

Mailing Address

130 ALBERT ST., #1500
OTTAWA ONTARIO CANADA K1P -5G4

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

10/20/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o Intellivest Mgmt., Inc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22 City & State

27 Suite, Apt. #, etc.

27 13535 Feather Sound Dr., #125

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 City & State

28 Clearwater, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

34622

Country

USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIRABASSI, E R
1515 RINGLING BLVD., #1000
SARASOTA FL 34230

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCBRIDE, ROSS W
STREET ADDRESS 130 ALBERT ST., #1500
CITY - ST - ZIP OTTAWA ONTARIO CANADA K1P -5G4

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME DONNELLY, P J
STREET ADDRESS 130 ALBERT ST., #1500
CITY - ST - ZIP OTTAWA ONTARIO CANADA K1P -5G4

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE STD
NAME VAUGHAN, CRAIG A
STREET ADDRESS 130 ALBERT ST., #1500
CITY - ST - ZIP OTTAWA ONTARIO CANADA K1P -5G4

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

P. James Donnelly

3/20/95

613-782-2277

SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR