


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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000001301 (9)**

1. Corporation Name
605143 ONTARIO LIMITED

Principal Place of Business

**141 ADELAIDE ST W
STE 1003
TORONTO ON M5H3L
CN**

Mailing Address

**141 ADELAIDE ST W
STE 1003
TORONTO ON M5H3L
CN**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1995

4. FEI Number

98-0080557

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**MOUNTJOY, SANDRA
% SCHWEITZER & DOBOSZ
1206 COURT ST
CLEARWATER FL 34616**

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	PSD	<input type="checkbox"/> DELETE
NAME	WARE, JAMES G	
STREET ADDRESS	141 ADELAIDE ST W	
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WERNER, EDWARD	
STREET ADDRESS	141 ADELAIDE ST W STE 1003	
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANEY, JOHN	
STREET ADDRESS	141 ADELAIDE ST W STE 1003	
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HANEY, CHRISTOPHER	
STREET ADDRESS	141 ADELAIDE ST STE 1003	
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ABBOTT, C. SCOTT	
STREET ADDRESS	141 ADELAIDE ST W STE 1003	
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *James G. Ware* James G. Ware

FEB 19 1998 411 314 2880

CR2E034 (10/97)