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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # F95000001301



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90048 012 \*\*\*150.00

000 140 (	JN/ARIO LIWITED					i :						
Principal Place of Business Mailing Address								I 30±1100 III'B 10101 O1111 BO111 AB11	i <b>88</b> 111 <b>88</b> 411 <b>78</b>	IBI 11888	111111	(B)
141 ADELAIDE ST W 141 ADELAIDE ST W												
STE 1003 STE 1003								DO HOT MOIT	5 N. T. 110 S			
TORONTO ON M5H3L TORONTO ON M5H3L							DO NOT WRITE IN THIS SPACE					
CN CN								Date Incorporated or Qualifed			-	j
2. Principal Place of Business 2a. Mailing Address							_	03/17/1995 FEI Number	·		App	ied For
<u> </u>			Mailing Address	ang Address								Applicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional					
22			7				5.	Certifcate of Status Desired		• -	Req	I
City & State			City & State				-6	Election Campaign Financing		<b>\$5</b> :	00° k	lay Be
23			28				٠.	Trust Fund Contribution				Fees
Zip	Country	Ι.,	Zip	Country	,		8.	This corporation owes the curre	nt year Inta	ngible		
24	25	29	30	5				Personal Property Tax.		Yes	_[	]No
	9. Name and Address of Current	Regis	stered Agent				10.	Name and Address of New R	egistered A	gent		
ţ				81	١	Name						
MOUNTJOY, SANDRA				82	Street Addres	s (P	O. Box Number is Not Acceptal	ble)				
% SCHWEITZER & DOBOSZ							<u></u>	<u></u>				
1206 COURT ST				83	1							1
CLEARWATER FL 34616			84	1	City				85	Zip Co	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes									<u> </u>	1 1	<u> </u>	
office or r agent. I a SIGNATURE	orized by a Statutes	the	e corporation	's bo	pard of directors. I hereby accept	the appoint	ment a	s regi	stered			
	Signature, typed or printed name of registered agent a	_			nt sig	gnature required w			DATE	DIDE	STOR	C IN 40
12.	PSD OFFICERS AND	DIKE	DELETE	13.			F	ADDITIONS/CHANGES TO OFF		Char		Addition
TITLE	WARE, JAMES G		- Detel	1.2 NAME							·g·	
NAME	•			1	T 4 C							j
STREET ADDRESS	141 ADELAIDE ST W ONTARIO, CANADA M5H 1L5			1.3 STREET ADDRESS								
CITY-ST-ZIP TITLE				1.4 CITY-ST-ZIP 2.1 TITLE						Char	nae	Addition
				2.2 NAME								_
NAME STREET ADDRESS				2.3 STREET ADDRESS								
;	ONTARIO, CANADA M5H 1L5			2:4 CITY-ST-ZIP								- }
CITY-ST-ZIP TITLE				3.1 TITLE						[ ] Char	nge	Addition
NAME :	_			3.2 NAME	ļ.					_	•	j
STREET ADDRESS	A A A BOTT A COMP OF THE OTHER ASSOCIA			3.3 STREET ADDRESS								ļ
CITY-ST-ZIP	04 T 4 D 10 0 0 4 1 4 D 4 1 4 T 1 4 T 1			3.4. CITY-ST-ZIP								1
TITLE :				4.1 TITLE						Char	nge	Addition
NAME	LANDRY OFFICE CO.			4. 2 NAME								]
STREET ADDRESS	141 ADELAIDE ST STE 1003			4.3 STREET	TAD	ORESS						
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5			4.4 CITY-S	T-ZI	IP				_		
TITLE				5.1 TITLE							Addition	
NAME .	•			5.2 NAME								}
STREET ADDRESS	141 ADELAIDE ST W STE 1003			5.3 STREET	TAD	ORESS		•				]
CITY-ST-ZIP				5.4 CITY-S	5.4 CITY-ST-ZIP							
TITLE :				6.1 TITLE	ſ					Chai	nge	Addition
NAME ·	_			6.2 NAME								
CTREET ADDRESS				6.3 STREET	TAD	DRESS						

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, with all other like empowered.

SIGNATURE:

SIGNATURE:

Mar 8/99

416-364-7080

6.4 CITY- ST-ZIP

Daytime Phone #