CR2E034 (11/98)

05-10-1999 90289 011 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # F95000002019

1. Corporation Name

907687 ONTARIO, INC.

Suite, Apt. #, etc.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ear Intangible	DO NOT WRITE IN T  3. Date Incorporated or Qualifed 04/26/1995  4. FEI Number NOT APPLICABLE  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution		1V2.CDA	98 DUPONT STREET TORONTO. ONTARIO M5R OC	STREET NTARIO M5R 1V2.CDA	98 DUPONT ST TORONTO, ONT
TORONTO. ONTARIO MSR 1V2.CDA OC  TORONTO. ONTARIO MSR 2A9  TITLE  TORONTO. ONTARIO MSR 2A9  TORONTO. ONTARIO MS	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ear Intangible	3. Date Incorporated or Qualifed O4/26/1995  4. FEI Number NOT APPLICABLE  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution		1V2.CDA	TORONTO. ONTARIO M5R OC  2a. Mailing Address	NTARIO M5R 1V2.CDA	TORONTO. ON
2. Principal Place of Business	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ear Intangible	04/26/1995  4. FEI Number NOT APPLICABLE  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution			— ·	Place of Business	
21	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ear Intangible	NOT APPLICABLE  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution			— ·	Place of Business	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   \$8.7's Fee	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ear Intangible	Certificate of Status Desired      Election Campaign Financing     Trust Fund Contribution			26		2. Principal P
22   27   5. Certificate of Status Desired   Fee   City & State   City & State   28   City & State   28   City & State   S. Election Campaign Financing   \$5.0	Fee Required \$5.00 May Be Added to Fees ear Intangible	6. Election Campaign Financing Trust Fund Contribution					21
City & State  Zip Country  Zip Country  Zip Country  StefaneLLI, MICHELLE  14411 COMMERCE WAY  STE. 310  MIAMI LAKES FL 33016  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  Trust Fund Contribution  Adde  Adde  Street Address (P.O. Box Number is Not Acceptable)  83 Name  84 City  FL  85 Z  Street Address (P.O. Box Number is Not Acceptable)  FL  85 Z  SIGNATURE  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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY. ST. ZIP  TITLE  NAME  STREET ADDRESS  TORONTO, ONTARIO M5R 2A9  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Added to Fees ear Intangible	Trust Fund Contribution				ot. #, etc.	<b>⊢</b> ''
Zip					<b>⊢</b>	ate	
24		<ul> <li>8. This corporation owes the current year</li> </ul>	/	Count		Country	
STEFANELLI, MICHELLE 14411 COMMERCE WAY STE. 310 MIAMI LAKES FL 33016  82 Street Address (P.O. Box Number is Not Acceptable)  83  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 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 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.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  2.3 STREET ADDRESS  STREET ADDRESS  2.3 STREET ADDRESS  STREET ADDRESS		Personal Property Tax.		30	29	25	24
STEFANELLI, MICHELLE 14411 COMMERCE WAY STE. 310 MIAMI LAKES FL 33016  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Z  85 City FL 85 Z  86 City FL 86 City FL 87 City FL 88 Ci	tered Agent	10. Name and Address of New Registe			nt Registered Agent	9. Name and Address of Currer	
14411 COMMERCE WAY STE. 310 MIAMI LAKES FL 33016  84 City FL  15. 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signeture, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE PSTD NAME NAREEN, RUDOLPH STREET ADDRESS  CITY-ST-ZIP TORONTO, ONTARIO M5R 2A9  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE NAME STREET ADDRESS  SIGNATURE 22 NAME STREET ADDRESS			Name	8		eessell soolelle	
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MIAMI LAKES FL 33016  84 City  FL  85 Z  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 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signeture, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  1.1 TITLE  1.2 NAME  1.2 NAME  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  TORONTO, ONTARIO M5R 2A9  DELETE  2.1 TITLE  NAME  STREET ADDRESS			<u> </u>				
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TILE PSTD OFFICERS AND DIRECTORS  TITLE PSTD ORAREEN, RUDOLPH  STREET ADDRESS  CITY-ST-ZIP  TORONTO, ONTARIO M5R 2A9  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 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 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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Changes  1.1 TITLE  NAME  1.2 NAME  1.3 STREET ADDRESS  TORONTO, ONTARIO M5R 2A9  1.4 CITY-ST-ZIP  TITLE  Changes  2.3 STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	85 Zip Code		City	B		AMI LAKES FL 33016	MIAN
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NAME 5.2 NAME			T ADDRESS	5.1 TITLE 5.2 NAM 5.3 STRE	☐ DELETE	ss	NAME STREET ADORESS

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 arrural 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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

RODO PINAL PER PROPERTY OF STATE OF STA

April 15, 1999 (416) 924-4888