

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000005266 (0)**

1. Corporation Name

350034 ONTARIO LIMITED INC.



Principal Place of Business

Mailing Address

% ROGER E. BALL
SUITE 204, 720 TAPSCOTT RD
SCARBOROUGH, ONTARIO M1X 1C6

% ROGER E. BALL
SUITE 204, 720 TAPSCOTT RD
SCARBOROUGH, ONTARIO M1X 1C6

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 103, 720 Tapscott Rd.**

27 **Suite 103, 720 Tapscott Rd.**

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

**BAUER, SALLY
8130 A1A SOUTH
ST AUGUSTINE FL 32086**

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 box, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CS

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NAME

MAGILL, JANE

STREET ADDRESS

51 LAMBETH RD

CITY - ST - ZIP

ISLINGTON, ONTARIO M9A 2Y8

TITLE

VCP

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NAME

RIEGER, JENNIFER

STREET ADDRESS

49 RIDGE DR

CITY - ST - ZIP

TORONTO, ONTARIO M4T 1B6

TITLE

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NAME

HENRY, ROBERT W

STREET ADDRESS

SUITE 2000, 145 KING ST W.

CITY - ST - ZIP

TORONTO, ONTARIO M5H 2B6

TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

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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

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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 119.07(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:

W. Jane Magill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)