

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005502 (8)

1. Corporation Name

SLRT CORPORATION



Principal Place of Business

Mailing Address

1103 HIBISCUS BLVD #310
W MELBOURNE FL 32904

1103 HIBISCUS BLVD #310
W MELBOURNE FL 32904

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5990 VANDEN ABE ELE

22 City & State

27 City & State
28 ST-LAURENT, QUEBEC

23 Zip Country

29 H4S 1R9 30 CANADA

3. Date Incorporated or Qualified

3a. Date of Last Report

11/09/1995

4. FEI Number

Applied For

98-0156608

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 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

LUNSFORD, EDWIN C ESQ
515 N. FLAGLER DR.
19TH FLOOR
WEST PALM BEACH FL 33401

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCPS ☐ DELETE
NAME TIRELLI, TONY
STREET ADDRESS 1103 HIBISCUS BLVD #310
CITY-ST-ZIP W MELBOURNE FL 32904

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

1815 IRONSTONE MANOR UNIT #16B
PICKERING, ONTARIO L1W 3W9 CANADA

TITLE DCV ☐ DELETE
NAME STEPHEN, SAMI
STREET ADDRESS 1103 HIBISCUS BLVD #310
CITY-ST-ZIP W MELBOURNE FL 32904

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

STEPHAN, SAMI
5990 VANDEN ABE ELE
ST-LAURENT, QUEBEC H4S 1R9 CANADA

TITLE DV ☐ DELETE
NAME RAMSEY, DAVID
STREET ADDRESS 1103 HIBISCUS BLVD #310
CITY-ST-ZIP W MELBOURNE FL 32904

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

RAMSAY, DAVID
329 MARCH ROAD, SUITE #208
KANATA, ONTARIO K2K 2E1 CANADA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 5, 1996 (98-0156608) 839 4290

Daytime Phone #

CR2E034 (3/96)