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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000006142 (2)

1. Corporation Name

PAFCO INSURANCE COMPANY LIMITED



Principal Place of Business

1243 ISLINGTON AVE., #300
TORONTO ONTARIO CANADA M8X -2Y3

Mailing Address

1243 ISLINGTON AVE., #300
TORONTO ONTARIO CANADA M8X

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/15/1995

3a. Date of Last Report

03/14/1996

4. FEI Number

NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

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 PDCE ☐ DELETE

NAME MCINTYRE, DOUGLAS E
STREET ADDRESS 1243 ISLINGTON AVE., #400
CITY-ST-ZIP TORONTO, ONTARIO CANADA M8X -2Y3

TITLE V ☐ DELETE

NAME ENGLISH, JOSEPH
STREET ADDRESS 1243 ISLINGTON AVE., #300
CITY-ST-ZIP TORONTO ONTARIO CANADA M8X -2Y3

TITLE VCFO ☐ DELETE

NAME BARNETT, ROBERT J
STREET ADDRESS 1243 ISLINGTON AVE., #400
CITY-ST-ZIP TORONTO ONTARIO CANADA M8X -2Y3

TITLE V ☐ DELETE

NAME EMO, JOHN R
STREET ADDRESS 1243 ISLINGTON AVE., #400
CITY-ST-ZIP TORONTO ONTARIO CANADA M8X -2Y3

TITLE V ☐ DELETE

NAME KALOPSIS, GEORGE
STREET ADDRESS 1243 ISLINGTON AVE., #400
CITY-ST-ZIP TORONTO ONTARIO CANADA M8X -2Y3

TITLE V ☐ DELETE

NAME LOWE, WILLIAM L
STREET ADDRESS 1243 ISLINGTON AVE #400
CITY-ST-ZIP TORONTO ONTARIO CANADA M5X -1A8

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

[Signature]

Apr 11/97

(416) 231-2333

CR2E034 (9/96)