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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000638

1. Corporation Name

V. JOHN DAVIDIAN HOLDINGS LIMITED "INCORPORATED"

Principal Place of Business Mailing Address 550 YORK RD. 550 YORK RD. GUELPH ONTARIO CANADA N1E -3J4 GUELPH ONTARIO CANADA N1E -3J4						
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/08/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						98-0115431 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired
City & State	е	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country Zip Co. 25 29 30			intry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No
	9. Name and Address of Current	<u> </u>		Г		10. Name and Address of New Registered Agent
Haberkorn, HAHERKORN, SUSAN					Name	
				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
3823 TAMIAMI TRAIL E. #273				"-	Oliobi Addi	
NAPLES FL 33962				83		
				84 City 85 Zip Code		
				0**	City	FL S 2 50000
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 bread or printed pare of pare o						
angulation, types			13.	Agei	ir siðirarnia sadnira	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE	PDC DELETE			1.1 TITLE		☐ Change ☐ Addition
NAME	T 100			1.2 NAME		
STREET ADDRESS					TADORESS	
CITY-ST-ZIP	CULTURE ON TARIO CANADA MAE OM				T-ZIP	
TITLE				2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 N	AME		•
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP	1		ı	2, 4 CITY-ST-ZIP		
TITLE				3.1 TITLE		Change Addition
NAME	3.		3.2 N	AME		
STREET ADDRESS			3.3 S	TREE	TADDRESS	
CITY-ST-ZIP			3.4. 0	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS	•		4.3 S	TREE	TADORESS	
CITY-ST-ZIP			4.4 C	TY-S	T-ZIP	

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 tree 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.

5 1 TID F

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TI7LE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

REQUIRED SIJIAJUST DEQUIRE

☐ DELETE

□ DELETE

Mark 8,1999.

Change

Change

☐ Addition

☐ Addition