Apr 22, 1999 8:00 am 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 # F96000002635

S.J. SINCLAIR HOLDINGS LIMITED INC.

| Frincipal Flace | e of Business | Mailing Address | | | | | |
|--|--|---|---|---|---|------------------|--|
| ST. CLAIR W | VEST. #982 12 02 | 61 ST CLAIR AVE WEST | | | | | |
| #1202 | | #1202 | <i>a</i> | | DO NOT WOITE | N THIS SOACE | |
| TORONTO ON MAY 20 2 Y & | | TORONTO ON M4V 24 278 | | DO NOT WRITE IN THIS SPACE | | | |
| US | | US | | | 3. Date Incorporated or Qualifed | | J |
| | | | | | 05/24/1996 | | |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number | <u> </u> | Applied For |
| 21 | | 26 | | 65-0547552 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | | 5 Additional | |
| City & State. PR. VI NOE | | 27 | | | Fee | Required | |
| | | City & State | | 6. Election Campaign Financing | 1 . | 0 May Be_ | |
| 23 TORONTO, ONTARIO-CAN | | 28 | | Trust Fund Contribution | Adde | d to Fees | |
| Zip Country | | Zip Country | | 8. This corporation owes the current | | / | |
| 24 M4V2 | Y 9 25 CANADA | 29 30 | <u> </u> | | Personal Property Tax. | ☐ Yes | IDNo |
| | 19.8 Name and Address of Current I | Registered Agent | | | 10. Name and Address of New Reg | istered Agent | |
| | | | 81 | Name | | | |
| BRUNTON REGISTERED AGENTS INC | | | 82 | Street | Address (P.O. Box Number is Not Acceptable |) | |
| 4710 | NW BOCA RATON BLVD., #101 | | | 1 | | <u> </u> | |
| BOC | A RATON FL 33431 | | 83 | | | | |
| | | | 84 | City | | FL 85 Z | ip Code |
| | 4- 4 | and CO7 1EOR Florida Statutas | the about | o named | corporation submits this statement for the pur | . — | its registered |
| office or re | egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida. Such change was auth | iorized by | the corpo | oration's board of directors. I hereby accept the | e appointment as | registered |
| SIGNATURE | tti laminai with, Bita accept the ossiguate | | - o.u | • | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: | | | nt signature r | | DATE | | |
| | | | | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| 12. TILE | PCD | DIRECTORS DELETE | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIREC | |
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SIGNATURE:

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.