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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

99 MAR 10 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F97000004164**  
1. Corporation Name  
**167154 CANADA, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business  
21 **5655 GULF OF MEXICO DR.** 2a. Mailing Address  
Suite, Apt. #, etc. **% JILLSON E. ROLLANO**  
22 **C 205** 27 **R. R. # 2**  
City & State **ERIN, ONTARIO**  
23 **LONGBOAT KEY, FLA.** 28 **ERIN, ONTARIO**  
Zip Country 29 **NOBITO** 30 **CANADA**  
24 **34228** 25 **U.S.A.**

**9. Name and Address of Current Registered Agent**

**EDWARD LEONARD**  
**1001 THIRD AVENUE WEST**  
**SUITE 700**  
**BRADENTON, FLORIDA 34205**

81 Name  
82 Street Address (P.O. Box Number, 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 in applicable

(TITLE) Registered Agent's signature printed when required

DSB

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P.D.</b>	[ ] DELETE
NAME	<b>JILLSON EVANS ROLLANO</b>	
STREET ADDRESS	<b>R.R. # 2, ERIN, ONTARIO</b>	
CITY-ST-ZIP	<b>NOBITO CANADA</b>	
TITLE	<b>D.</b>	[ ] DELETE
NAME	<b>ALEX ROLLANO</b>	
STREET ADDRESS	<b>R.R. # 2, ERIN, ONTARIO</b>	
CITY-ST-ZIP	<b>NOBITO CANADA</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	[ ] Change [ ] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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-03/15/99-01128-006  
\*\*\*150.00 \*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

**SIGNATURE:** *Jillson Evans Rollano* **JILLSON EVANS ROLLANO** **FEB. 27, 1999 (519) 833-2500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)