**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800005040

1. Corporation Name

FONOROLA FIRER DEVELOPMENT INC.

Principal Place of Business	Mailing Address			
303 SOUTH BROADWAY. #440 TORRYTOWN NY 10591	303 SOUTH BROADWAY. #440 TORRYTOWN NY 10591			

## **FILED** May 29, 1999 8:00 am Secretary of State

05-29-1999 90014 047 \*\*\*300.00



TORRYTOWN N								
1					DO NOT WRITE II	N THIS SPACE		
					3. Date Incorporated or Qualifed			
					09/08/1998			
2. Principal Pl	Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For	
21		26			<u> 13-397789</u> 7		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional Required	
22 27								
City & State City & State					6. Election Campaign Financing		00 May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No			
24	25	<del></del>	30		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Regi	stered Agent		
CT.	CORPORATION SYSTEM		81	Name				
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	SOUTH PINE ISLAND ROAD		<u> </u>					
PLAN	NTATION FL 33324		83					
			84	City		FL 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the above	e-named	corporation submits this statement for the purp	ose of changing	its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was au	thorized by	the corpo	oration's board of directors. I hereby accept the	e appointment as	registered	
agent. i ai	m ramiliar with, and accept the colliga	ations of, Section 607.0005, Floring	ua Statutes					
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable (NOTE: F	Registered Agen	t signature r	equired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE		DC			
NAME	KOOR, JURI		1.2 NAME		KOOR, JURI			
STREET ADDRESS	27 CLUNY DRIVE		13 STREET	ADDRESS	27 CLUNY DRIVE			
	TORONTO ONTARIO		1.4 CITY-S		TORONTO, ONTARIO			
CITY-ST-ZIP TITLE	P	☐ DELETE	2.1 TITLE	1-211	DP	X] Chan	ge Addition	
	BATES, PHILIP		2.2 NAME		BATES, PHILIP			
NAME	307 READING PLACE		2.3 STREE	ADDDCCC	298 BINNS AVENUE			
STREET ADDRESS					NEWMARKET, ONTARIO			
CITY-ST-ZIP	NEWMARKET ONTARIO	DELETE	2.4 CITY-5	1-ZIP	HIMITITEET, ON THE	Chan	ge Addition	
TITLE	DODERTOON PROCK	广 ∩treic					٠	
NAME	ROBERTSON, BROCK		3.2 NAME					
STREET ADORESS	29 BEARWOOD DRIVE		3.3 STREET					
CITY-ST-ZIP	ETOBICOKE ONTARIO	□ net ere	3,4, CITY-5	T-ZIP		Chan	ge	
TITLE	VS.	☐ DELETE	41 TITLE			Clan	ac Dyaquion	
NAME	HEMINGWAY, MARK		4. 2 NAME					
STREET ADDRESS	23 TYRREL AVENUE		4.3 STREE	TADDRESS				
CITY-ST-ZIP	TORONTO ONTARIO		4.4 CITY-S	T-ZIP				
TITLE	V	[♣OELETE	5.1 TITLE			Chan	ge 🗌 Addition	
NAME	BEATTY, DOUGLAS		5.2 NAME					
STREET ADDRESS	250 ST. GERMAN AVENUE		5.3 STREE	r address				
CITY-ST-ZIP	TORONTO ONTARIO		5.4 CITY-S	T-ZIP				
TITLE	V	☐ DELETE	6.1 TITLE	-	DV	Chan	ge 🗌 Addition	
NAME	HARDY, JAMES R		6.2 NAME		HARDY, JAMES			
STREET ADDRESS			6.3 STREE	ADDRESS	428 BRIAR AVENUE			

6.4 CITY-ST-ZIP TORONTO ONTARIO 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 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 redeiver 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.

TORONTO, ONTARIO

& SECRETARY

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT.

(416) 718-6433 MARCH \_