

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 14 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G03054

1. Corporate Name

Health Assistance For Travellers, Inc.

300001407483

-02/16/95--01020--014

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/82

3a. Date of Last Report
02/09/94

2. Principal Place of Business
21 150 Ferrand Drive

2a. Mailing Address
26 150 Ferrand Drive

4. FEI Number
59-2249699

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State
23 Don Mills, Ontario

27 City & State
28 Don Mills, Ontario

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip M3C 1H6 25 Country Canada

29 Zip M3C 1H6 30 Country Canada

8. The corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rosanne Shore
1111 Kane Concourse
Bay Harbor Island, FL 33154

81 Name
Gene K. Glasser

82 Street Address (P.O. Box Number is Not Acceptable)
2021 Tyler Street

83
84 City Hollywood

FL 85 33020

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

Gene K. Glasser

1/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

V
NAME Rosanne Shore
STREET ADDRESS 2532 Regatta Avenue
CITY MIAMI BEACH, FL

11 TITLE D
12 NAME Brian B. Birkness XX Change ☐ Addition
13 STREET ADDRESS 21 Obris Crescent
14 CITY, ST, ZIP Agincourt, Ontario M1S 3G5

V
NAME Benjamin Shore
STREET ADDRESS 2532 Regatta Avenue
CITY MIAMI BEACH, FL

21 TITLE D
22 NAME Gerald J. Byrne XX Change ☐ Addition
23 STREET ADDRESS 901-B Adelaide Street West
24 CITY, ST, ZIP Toronto, Ontario M6J 3T2

CD
NAME Sam Meister
STREET ADDRESS 36 Chieftain Crescent
CITY WILLOWDALE, ONTARIO

31 TITLE P/C/D
32 NAME H. Russell Dunbar Russe XX Change ☐ Addition
33 STREET ADDRESS 1 Weybourne Crescent
34 CITY, ST, ZIP Toronto, Ontario M4N 2R2

GM
NAME Stuart McRae
STREET ADDRESS 77 Weybourne Crescent
CITY TORONTO, ONTARIO

41 TITLE GM XX Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

T
NAME Charlene Valiquette
STREET ADDRESS 84 Brownstone Circle
CITY THORNHILL, ONTARIO

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

S
NAME Gerald Devlin
STREET ADDRESS 36 Butterfield Crescent
CITY DON MILLS, ONTARIO

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I, the Secretary, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.01(1)(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 and made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to conduct this report as required by Chapter 607, Florida Statutes, and that my signature appears on Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SECRETARY OR DIRECTOR

Gerald M. Devlin - Secretary

JANUARY 26 / 95 916-429-2670