

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90018 050 \*\*\*150.00

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DOCUMENT # G80446

1. Corporation Name

CIL, INC.



Principal Place of Business

860 SW 9TH ST  
201  
BOCA RATON FL 33486  
US

Mailing Address

PO BOX 27-3855  
860 SW 9TH ST CIRCLE S201  
BOCA RATON FL 33486-219  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 860 S.W. 9TH ST CIRCLE  
Suite, Apt. #, etc.

22 201

City & State

23 BOCA RATON, FL

Zip

24 33486

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

01/18/1984

4. FEI Number

59-2367771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BOLTON, JEFFREY CPA  
DASZKA BOLTON & MANELA CPA'S  
240 W PALMETTO PK RD., SUITE 300  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S  
NAME CAMPBELL, MADELINE  
STREET ADDRESS 860 SW 9TH ST CIRCLE#201  
CITY-ST-ZIP BOCA RATON FL

TITLE D  
NAME ROBERTS, BARBARA  
STREET ADDRESS 1375 TYROL RD.  
CITY-ST-ZIP VANCOUVER, CAN

TITLE D  
NAME CAMPBELL, KINGSLEY G.  
STREET ADDRESS 103 RONAN AVE  
CITY-ST-ZIP TORONTO CANADA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)