## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 07, 2002 8:00 am Secretary of State

DOCUMENT # H34179					04-07-2002 90567 025 ***150.00				
1. Entity Nan	ne K ENTERPRISES OF FLORIDA								
KADLI	CENTERI RISES OF TEORIDA	1, INC.							
-	<u> </u>	\J			M P A A A A				
	DO NOT MOITE	759126							
	DO NOT WRITE								
2. Principal Place of Business 12777 STATE HWY. 82		3. Mailing Address 2225 SHEPPARD AVE. E.		. E.					
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 1100			DO NOT WRITE IN THIS SPACE				
City & State FORT MYERS, FL		City & State TORONTO, ONTARIO		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	4. FEI Number 59-2502540	Applied For Not Applicable			
Zip 33913	Country U.S.A.	Zip M2J 5C2	Cour	•		8.75 Additional ee Required			
_		×			7. Name and Address of Current Registered	Agent			
,	DO NOT W		•	Name CT CORPORATION SYSTEM					
	DO NOT W				P.O. Box Number is Not Acceptable)				
	IN THIS SP	ACE		1200 SOUTH PINE ISLAND ROAD					
				City	FL.	Zip Code			
			PLANTATIO	TATION FL 33324					
8. The above	e named entity submits this statement for	the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Florida.				
SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent and tible if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OATE								
9. This corp	oration is eligible to satisfy its Intangible	January 1 - M			40 51	05.00			
Tax filling requirement and elects to do so.  (See criteria on back)  After May 1,  Amended I  Make Check Payable				R is \$61.25 Trust Fund Contribution. Added to Fees					
11.	OFFICERS AND E	DIRECTORS							
TITLE NAME	PRESIDENT		TITE NAM	1	•				
STREET ADDRESS	PAUL A. HOUSTON 1100 - 2225 SHEPPARD AVE	i. <b>E</b> .	13	EET ADDRESS	SS				
CITY-SI-ZIP				CITY-SI-3P					
TITLE	SECRETARY		TITL	E					
NAME STREET ADDRESS	LAUREL J. LANGFORD			i	2				
CITY-ST-ZIP	1100 - 2223 SHELLARD AVE. E.								
	TORONTO ON CANADA M	· —·		ne Cet adoress (-St-Zip ==					
TITLE	TORONTO, ON CANADA M TREASURER	· —·	STRE	CET ADDRESS (-ST-ZIP					
NAME	TREASURER LAUREL J. LANGFORD	2J 5C2	STRE CHY TITLI NAM	EET ADDRESS (-ST-ZIP E					
name Street address	TREASURER LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE	2J 5C2 . E.	STRE CHY TITL NAM STRE	EET ADDRESS  EET ADDRESS	DO NOT WRI	· ·			
NAME STREET ADDRESS CHY-ST-ZIP	TREASURER LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE TORONTO, ON CANADA M	2J 5C2 . E.	STRE CHY TITLI NAM STRE CHY	EET ADDRESS  (- ST-ZIP  E  EET ADDRESSST-ZIP	DO NOT WRI				
name Street address	TREASURER LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE TORONTO, ON CANADA M VICE-PRESIDENT	2J 5C2 . E.	STRE CHY TITL NAM STRE	EET ADDRESS  (- ST-ZIP  EET ADDRESS (- ST-ZIP	DO NOT WRI				
NAME STREET ADDRESS CHY-ST-ZIP TITLE	TREASURER LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE TORONTO, ON CANADA M	2J 5C2 . E. 2J 5C2	STRE CHY TITLE NAM STRE CHY HTLE NAM STRE	EET ADDRESS  4. ST-ZIP  EET ADDRESS  4. ST-ZIP  EET ADDRESS					
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	TREASURER LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE TORONTO, ON CANADA M VICE-PRESIDENT JOSEPH T. HARDIMAN 311 ELM STREET, SUITE 10 CINCINNATI, OH 45202	2J 5C2 . E. 2J 5C2	STRE CHY TITLE NAM STRE CHY HTLE NAM STRE	EET ADDRESS  E_ EET ADDRESS  -ST-ZIP  EE					
NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME STREET ADDRESS CHY-S1-ZIP	TREASURER LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE TORONTO, ON CANADA M VICE-PRESIDENT JOSEPH T. HARDIMAN 311 ELM STREET, SUITE 10 CINCINNATI, OH 45202 DIRECTOR	2J 5C2 . E. 2J 5C2	STRE CHY THILL NAM STRE CHY NAM STRE CHY THILL T	EET ADDRESS  4  E  E  E  E  E  E  E  E  E  E  E  E					
NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME	TREASURER LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE TORONTO, ON CANADA M VICE-PRESIDENT JOSEPH T. HARDIMAN 311 ELM STREET, SUITE 10 CINCINNATI, OH 45202 DIRECTOR JEFFREY LOWE	2J 5C2 . E. 2J 5C2	STREE CHY THELE MAM STREE CHY HILL NAM STREE CHY THELE NAM THELE THELE NAM THELE THELE NAM THELE THE	EET ADDRESS  4  E  E  E  E  E  E  E  E  E  E  E  E					
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3. I neterby certify that the information supplied with this tiling codes not quality for the exemption stated in section 119.07(3)(i). Florida statutes. Flurther certify that the information indicated on this report or suppliemental 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 11 or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/02

(416) 498-2430

Date

Dayurne Poone ∉