

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90153 001 ***150.00

DOCUMENT # K50691

1. Corporation Name
T.H.B. KEY, INC.

Principal Place of Business
4100 YONGE ST.
#502
NORTH YORK, ONTARIO M2P 2B5

Mailing Address
4100 YONGE ST.
#502
NORTH YORK, ONTARIO M2P 2B5

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1988

4. FEI Number
98-0102202

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

2. Principal Place of Business
21 4100 YONGE ST.

2a. Mailing Address
26 4100 YONGE ST.

Suite, Apt. #, etc.
22 402

Suite, Apt. #, etc.
27 402

City & State
23 TOR. ONT

City & State
28 TOR. ONT

Zip Country
24 M2P-2B5 CA

Zip Country
29 M2P-2B5 CA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200B SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 P ☐ DELETE
NAME BECK, H. THOMAS
STREET ADDRESS 4100 YONGE ST., SUITE 502
CITY-ST-ZIP NORTH YORK, ONTARIO M2P 2B5

TITLE S ☐ DELETE
NAME BECK, CATHERINE
STREET ADDRESS 4100 YONGE ST., SUITE 502
CITY-ST-ZIP NORTH YORK, ONTARIO M2P 2B5

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4100 YONGE ST. SUITE 402
1.4 CITY-ST-ZIP TOR. ONT. CAA M2P-2B5

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4100 YONGE ST. SUITE 402
2.4 CITY-ST-ZIP TOR. ONT. CAA M2P-2B5

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 of Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BECK MAR 3/99 (416) 226-7279
Date Daytime Phone #

CR2E034 (11/98)