

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

DOCUMENT # K66607

1. Corporation Name
OXFORD PROPERTIES FLORIDA, INC.

Principal Place of Business

2701 N ROCKY POINT DR
SUITE 1000
TAMPA FL 33607
US

Mailing Address

120 ADELAIDE ST. W. SUITE 1700
TORONTO, ONTARIO M5H1T-1
CA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1989

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address c/o John Wallace

26 120 Adelaide Street West

27 Suite 1700

28 Toronto, Ontario

29 145H 1T1 30 Canada

4. FEI Number

58-1846021

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

MORGAN, GREGORY L
2701 N ROCKY POINT DR
SUITE 1000
TAMPA FL 33607

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	CD	<input type="checkbox"/> DELETE
NAME	LOVE, JON E.	
STREET ADDRESS	120 ADELAIDE ST, #1700	
CITY-ST-ZIP	TORONTO, ONT	
TITLE	SVS	<input type="checkbox"/> DELETE
NAME	WALLACE, JOHN H	
STREET ADDRESS	120 ADELAIDE ST W #1700	
CITY-ST-ZIP	TORONTO, ONT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, STUART H.B.	
STREET ADDRESS	120 ADELAIDE ST W #1700	
CITY-ST-ZIP	TORONTO, ONT	
TITLE	SCD	<input type="checkbox"/> DELETE
NAME	MAWANI, AL W.	
STREET ADDRESS	120 ADELAIDE ST W #1700	
CITY-ST-ZIP	TORONTO, ONT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PUTMAN, ROBERT M	
STREET ADDRESS	120 ADELAIDE ST. W. 1700	
CITY-ST-ZIP	TORONTO, ONTARIO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORGAN, GREGORY L	
STREET ADDRESS	2701 N ROCKY POINT DR SUITE 1000	
CITY-ST-ZIP	TAMPA FL 33607	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14/99

Date

(416) 865-8300

Daytime Phone #

CR2E034 (1/1/98)