

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**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90024 040 \*\*\*150.00

DOCUMENT # **K97143**

1. Corporation Name  
**MURRET FLORIDA, INC.**

Principal Place of Business

69 SYLVAN AVE  
SCARBOROUGH ON M1M1S

Mailing Address

69 SYLVAN AVE  
SCARBOROUGH ON M1M1S

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1989

4. FEI Number

98-0103477

Applied For

Not Applicable

5. Certificate of Status Desired

☐ Yes ☒ No  
**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ Yes ☒ No  
**\$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 69 SYLVAN AVE

2a. Mailing Address

26 Same as Bus.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SCARBOROUGH ONTARIO

City & State

28

Zip Country  
24 M1M1S 25 CANADA

Zip Country  
29 30

9. Name and Address of Current Registered Agent

LEWIS, HAINES D. III  
4530 N FEDERAL HWY  
FT LAUDERDALE FL 33305

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 D ☐ DELETE

NAME HAINES, LEWIS D., II  
STREET ADDRESS 4530 N. FEDERAL HWY  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PD ☐ DELETE

NAME SLOTE, MURRAY L  
STREET ADDRESS 69 SYLVAN AVE  
CITY-ST-ZIP SCARBOROUGH ONT CA M1M1S

TITLE TD ☐ DELETE

NAME SLOTE, RITA  
STREET ADDRESS 69 SYLVAN AVE  
CITY-ST-ZIP SCARBOROUGH ONT CA M1M1S

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 29 99 (416) 267-3003

CR2E034 (11/98)