FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L78847 (5)

1. Corporation Name
SANDY SAVER, INC.

Principal Place of Business
459 BARTON ST.
STONEY CREEK. ONTARIO L8E2L7
CA

Mailing Address
459 BARTON ST.
STONEY CREEK. ONTARIO L8E2L7
CA

3. Date Incorporated or Qualified: 06/08/1990
3a. Date of Last Report: 03/16/1995
4. FEI Number: 59-3013064 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 740 LAKESHORE RD. E.
Suite, Apt. #, etc
22 MISSISSAUGA, ONT.
City & State
23 ONTARIO
Zip
24 L5E 1C7
Country
25 CANADA

2a. Mailing Address
26
Suite, Apt. #, etc.
27 740 LAKESHORE RD. E.
City & State
28 MISSISSAUGA, ONTARIO
Zip
29 L5E 1C7
Country
30 CANADA

9. Name and Address of Current Registered Agent

WATERBURY, J. MARK
259 FOURTH AVE., NORTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent
81 Name: ROBERT M. WELDON
82 Street Address (P.O. Box Number is Not Acceptable): 101 MAIN ST., STE. B
83
84 City: SAFETY HARBOR FL 85 Zip Code: 34695

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 Robert M. Weldon — DATE 4/23/96

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	DIER, W.M.	
STREET ADDRESS	459 BARTON ST	
CITY-ST-ZIP	STONEY CREEK, ONTARIO	
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		
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	740 LAKESHORE RD E.	
1.4 CITY-ST-ZIP	MISSISSAUGA, ONTARIO. CANADA L5E 1C7	
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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.

SIGNATURE: W.M. DEIR [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 11-96 — DATE
(905-271-2333) — DAYTIME PHONE #