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 # **M81758** **(8)**

1. Corporation Name

SOUTH 660 INC.

Principal Place of Business	Mailing Address
3550 HURONTARIO ST MISSISSAUGA ONTARIO. CANADA M9C 3R8	3550 HURONTARIO ST MISSISSAUGA ONTARIO. CANADA M9C 3R8

3. Date Incorporated or Qualified: **05/18/1988**
3a. Date of Last Report: **06/12/1995**

4. FEI Number: **59-2896927** ☐ 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	2a. Mailing Address
21 200 BARTOR ROAD.	26 200 BARTOR Rd
Suite, Apt. #, etc. 22 ~~[illegible]~~	Suite, Apt. #, etc. 27
City & State 23 WESTON, ONT.	City & State 28 WESTON, ONT.
Zip 24 M9M2W6 Country 25 CANADA	Zip 29 M9M 2W6 Country 30 CANADA

9. Name and Address of Current Registered Agent

WILEY, GENE
1061 MAITLAND CENTRE COMMONS
UNIT 204
MAITLAND FL 32751

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	FUSCO, JOSEPH		1.2 NAME		
STREET ADDRESS	3550 HURONTARIO ST		1.3 STREET ADDRESS	200 BARTOR Road	
CITY-ST-ZIP	MISSISSAUGA, ONT CAN		1.4 CITY-ST-ZIP	WESTON, ONTARIO M9M 2W6	
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PASQUALE, EDWARD		2.2 NAME		
STREET ADDRESS	3550 HURONTARIO ST		2.3 STREET ADDRESS	200 BARTOR Road	
CITY-ST-ZIP	MISSISSAUGA, ONT CAN		2.4 CITY-ST-ZIP	WESTON, ONTARIO M9M 2W6	
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WILEY, CHARLES E.		3.2 NAME		
STREET ADDRESS	1063 MAITLAND CENTRE		3.3 STREET ADDRESS	1061 Maitland Center Commons Ste 204	
CITY-ST-ZIP	MAITLAND FL		3.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	400001776024 -04711/96--01018--014 ***200.00	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

JR
11-10-96

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: X ~~[illegible]~~ Charles E Wiley 96/2/2 416-744-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #