

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****95 MAR 27 PM 4:23****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # M99819 (8)**

1. Corporation Name

GUSCO LIMITED II, INC.

Principal Place of Business

**102 NOCOSSA CIR
P.O. BOX 1273
JUPITER FL 33468-8273**

Mailing Address

**102 NOCOSSA CIR
P.O. BOX 1273
JUPITER FL 33468-8273**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/22/1988

3a. Date of Last Report

03/02/1994

4. FEI Number

65-0071067

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$6.75 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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

**ERICKSON, PAUL B.
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

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
NAME
STREET ADDRESS
CITY - ST - ZIP**PTS
CUMMINGS, LEN
33 YONGE ST. STE. 1000
TORONTO, ONTARIO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**DELETE ALL**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**PTD
GORDON C. GRAY
102 NOCOSSA CIR
JUPITER, FL 33458**☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**VS
EILEEN F. LETSCH
102 NOCOSSA CIR
JUPITER, FL 33458**☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition

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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE:

Eileen F. Letsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**EILEEN F. LETSCH****3/21/95**
Date

Typed Name