

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 30 1997 8:00am
Secretary of State

DOCUMENT # P03945 (3)

1. Corporation Name
554752 ONTARIO, LTD., INCORPORATED

Principal Place of Business

25 SHEPPARD AVE WEST
SUITE 700
NORTH YORK ON M2N6S6
US

Mailing Address

25 SHEPPARD AVE W
SUITE 700
NORTH YORK ON M2N6S6
US



2. Principal Place of Business
21 25 SHEPPARD AVE WEST

2a. Mailing Address
26 SUITE 700

Suite, Apt. #, etc.
22 NORTH YORK ONTARIO

Suite, Apt. #, etc.
27 25 SHEPPARD AVE WEST

City & State
23 CANADA

City & State
28 NORTH YORK ONTARIO

Zip
24 M2N6S6

Country
25 CANADA

Zip
29 M2N6S6

Country
30 CANADA

3. Date Incorporated or Qualified
11/05/1984

3a. Date of Last Report
07/03/1996

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

NEWBURGH, STEVEN
3081 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

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 P
NAME CORMIER, BERNARD
STREET ADDRESS 2883 BLOOR STREET WEST
CITY - ST - ZIP TORONTO ONTARIO CAN.

TITLE S
NAME CORMIER, BERNICE
STREET ADDRESS 2883 BLOOR STREET WEST
CITY - ST - ZIP TORONTO ONTARIO CAN.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

BERNARD CORMIER - JAN. 8, 1996

PRESIDENT

Date

Daytime Phone #

0529642

CR2E034 (9/96)