SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## **PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(9)

## **FILED** Jul 23 1998 8:00am Secretary of State

JAYLAR	k investments limited i	NC.					
Principal Plac	ce of Business	Mailing Address				r realisador for mario: Books didada facilia apolica della grafia apolica della grafia di apolica della grafia	11
1260 BAY STR	REET	1260 BAY STREET					
SUITE 541		SUITE 541					
TORONTO, ONTARIO, CAN M5R 2B		TORONTO, ONTARIO, CAN M5R 2B				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 12/27/1984	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				NOT APPLICABLE Not Applica	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27]				5. Certaincate of States Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Co	ountry	'	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	,		Personal Property Tax due June 30 Yes No	
	9. Name and Address of Currer	nt Registered Agent		-		10. Name and Address of New Registered Agent	
	MBY, <b>L</b> OUIS L., III ROY <b>A</b> L POINCIANA PLAZA SOU	i <b>T</b> LI		81	Name		
	M BEACH FL 33480	ип		82	Street A	Address (P.O. Box Number is Not Acceptable)	
				83			
				84	City	85 Zip Code	-
<u></u>				J	l	FL   S   Expenses	
11. Pursuan office or	nt to the provisions of sections 607.050 registered agent, or both, in the State	l2 and 607.1508, Florida St ⊵ of Florida. Such chance v	atutes, the a vas authoriz	bove- ed by	-named co the corpo	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	
agent. I	am familiar with, and accept the oblig	ations of, section 607.050	5, Florida St	atutes	3.	, , , , , , , , , , , , , ,	
SIGNATURE							- }
12.	Signature, typed or printed name of registered age	ND DIRECTORS	(NOTE: Regis		igent signature	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	-   ĝ
TITLE	PD			TITLE		Change Addit	1 и
NAME	CAPLAN, ARTHUR		• 1	NAME	ļ	Change,	
STREET ADDRESS	AAAA DAM ATAMAA ATA TAA		1		ADDRESS		102
CITY-ST-ZIP	TORONTO, ONT, CANADA			CITY-ST			2
TITLE	M	DELET		TITLE		Change Addi	C
NAME	RADVANY, CLARA C	C OCCL	1	NAME		_ onungo _ room	
STREET ADDRESS	4950 YONGE ST. # 1208		235	STREET	ADDRESS		ĺ
CITY-ST-ZIP	NORTH YORK, ONTARIO CA M	12N -6K1	I .	CITY-ST			
TITLE		DELET		TITLE		Change Addit	ion
NAME		F T T school (		NAME		La contract Land Tourist	
STREET ADDRESS			3.3 9	STREET	ADDRESS		
CITY-ST-ZIP	1		3.4	CITY-ST	r-ziP		
TITLE							<b>─</b> ſ
NAME		DELET	4.1	TITLE		L Change L Addit	on I
STREET ADDRESS		DELETI		NAME	İ	L_ Change L_ Addii	on
CITY-ST-ZIP		DELETI	4.21	NAME	ADDRESS	Change  Addri	on
0111-01-21		[] DELETI	4.21	NAME	ì	Change  Addri	on
TITLE		DELETI	4.21 4.33 4.44	NAME STREET	ì	Change Addit	
			4.21 4.33 4.40 5.11	NAME STREET CITY-ST	ì		
TITLE			4.21 4.33 4.44 5.17 5.21	NAME STREET CITY-ST TITLE NAME	ì		
TITLE NAME			4.21 4.33 4.44 5.17 5.26 5.38	NAME STREET CITY-ST TITLE NAME	T-ZIP  ADDRESS		
TITLE NAME STREET ADDRESS			4.21 4.33 4.44 5.17 5.24 5.35 5.44	NAME STREET CITY-ST TITLE NAME STREET	T-ZIP  ADDRESS		on
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETI	4.21 4.35 4.44 5.17 5.21 5.36 5.41 E 6.1	NAME STREET CITY-ST TITLE NAME STREET CITY-ST	T-ZIP  ADDRESS	☐ Change ☐ Addii	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		[] DELETI	4.21 4.33 4.44 5.11 5.22 5.35 5.44 £ 6.11	NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	T-ZIP  ADDRESS	☐ Change ☐ Addii	on

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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, non an attention with an address.

SIGNATURE: