FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P11880** **(2)**

1. Corporation Name

590457 ONTARIO LIMITED, "CORPORATION"

Principal Place of Business	Mailing Address
35 SAN PEDRO DR HAMILTON, ONTARIO L8N 1T8 HAMILTON ON L9C 2-4 US	35 SAN PEDRO DRIVE HAMILTON, ONTARIO L8N 1T8 HAMILTON ON L9C2C US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/22/1986	04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 All as Above except code	26 All as above except code
22 Suite, Apt. #, etc. and Country	27 Suite, Apt. #, etc. and country
23 City & State	28 City & State
24 Zip L9C 2C4 / 25 Country Canada	29 Zip L9C 2C4 / 30 Country Canada

4. FEI Number 98-0082339 ☐ 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	10. Name and Address of New Registered Agent
SCOTT, JEAN 1000 GULF BLVD. #301 INDIAN ROCKS BEACH FL 34635	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 Jean Scott 4/14/95
Signature(s) and 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCOTT, WALTER, JR.	12 NAME	
STREET ADDRESS	38 SENATOR AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON, ONT., CAN.	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, JOSEPH L.	22 NAME	
STREET ADDRESS	35 SAN PEDRO DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON ON	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SCOTT, JEAN	32 NAME	
STREET ADDRESS	1000 GULF BLVD. 301	33 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH. FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: J. L. Mc Cormick January 27, 1995 (905)318-6959.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph L. Mc Cormick (Secretary)

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