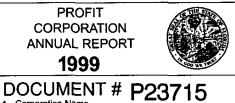
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999

787718 ONTARIO INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90038 009 \*\*\*150.00

|--|--|--|

Principal Plac	ce of Business	Mailing Address				0 (4) 1 <b>9</b> 1911 <b>8</b> 1811 <b>0</b>	
CONNOR CLARK TRUST 40 KING ST W #5110 40 KING ST W #5110 500TIA PLAZA. 40 KING ST W TORONTO ONTARIO M5H3Y2 CANAD 500TIA PLAZA. 40 KING ST W TORONTO ON MN5H -Y2		l. S 4714		DO NOT WRITE IN THI	S SPACE		
		US			3. Date Incorporated or Qualifed 04/04/1989		
2. Principal F	Place of Business	2a. Mailing Address		,	4. FEI Number	Ap	plied For
21		26 CONNOR CLARK	TA	UST	NOT APPLICABLE	No	ot Applicable
Suite, Apt	i. #, etc.	Suite, Apt. #, etc. 27 40 KING 57 W i City & State			5. Certificate of Status Desired	\$8.75 / Fee Re	4
City & Sta	ate	City & State  28 TORONTO, ON Zip	TAR	10 _	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be to Fees
Zip <b>24</b>	Country 25	29 M5H3Y2 30	Country	IADA	This corporation owes the current year In Personal Property Tax.	Yes	⊠No
	9. Name and Address of Current	Registered Agent	_   _	·	10. Name and Address of New Registered	l Agent	
\A/LJI	ITE IOUN III		81	Name			
WHITE, JOHN III 1645 PALM BEACH LAKES BLVD		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	TE 1200 ST PALM BEACH FL 33401		83				
	OT THE BEIGHT E GOTO		84	City	F	85 Zip (	Code
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was author	rized hv	the corporat	poration submits this statement for the purpose cion's board of directors. I hereby accept the appe	of changing its	registered egistered
SIGNATURE							
	Signature, typed or printed name of registered agent			it signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTO	DC (N. 12
12.	OFFICERS AN		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
	BAINBRIDGE, DONALD C.	_	1.2 NAME				_
NAME	DD 0 0040 000		1.3 STREET	ADDESS			
STREET ADDRESS	SHANTY BAY, ON. LOL 2LO		1.4 CITY-S	i			ļ.
CITY-ST-ZIP	SD SD		2.1 TITLE	1-21		Change	Addition
NAME	BAINBRIDGE, SHIRLEY A.	_	2.2 NAME			_ ,	
STREET ADDRESS	DDA DOLLD DOD		2.3 STREET	ADDRESS			1
CITY-ST-ZIP	SHANTY BAY, ON. LOL 2LO		2. 4 CITY-S				
TITLE	OTTATT DATE COL ESC ECO		3.1 TITLE	1-28		☐ Change	Addition
NAME -	e company of the second		3.2 NAME	_	<u>_</u> _		
STREET ADDRESS	s		3.3 STREET	ADORESS			
CITY-ST-ZIP			3,4, CITY-S				
TITLE			4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				1
STREET ADDRESS	s		4.3 STREET	ADDRESS			
CITY-ST-ZIP			4,4 CITY-5'				
TITLE			5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	s		5.3 STREET	TADDRESS			
C/TY-ST-ZIP		1	5.4 CITY-S	r-zip		_	{
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			62 NAME				
STREET ADDRESS	s		6.3 STREET	ADDRESS			
CITY-ST-ZIP			6,4 CITY-S	T-ZIP			1

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 of 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 with all other, like empowered.

**SIGNATURE:**