

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).

FILED
 Aug 20 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26324 (4)
 1. Corporation Name
830983 ONTARIO LIMITED CORPORATION



Principal Place of Business SUITE 3020 225 SOUTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714	Mailing Address SUITE 3020 225 SOUTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2221 Lee Road Suite, Apt. #, etc. 22 Suite 24 City & State 23 Winter Park, FL Zip 24 32789 Country 25 USA	2a. Mailing Address 26 2221 Lee Road Suite, Apt. #, etc. 27 Suite 24 City & State 28 Winter Park, FL Zip 29 32789 Country 30 USA
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3. Date Incorporated or Qualified 10/05/1989	4. FEI Number 98-0107309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**PRATT, JAMES R ESQ.
 GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS
 389 NORTH NEW YORK AVENUE, 3RD FLOOR
 WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SILVER, SHOEL	
STREET ADDRESS	ONE YORKDALE ROAD, SUITE 510	
CITY-ST-ZIP	NORTH YORK, ONT., CANADA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	COOPER, BERNARD	
STREET ADDRESS	ONE YORKDALE ROAD, SUITE 510	
CITY-ST-ZIP	NORTH YORK, ONT., CANADA	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	LUBIN, LAWRENCE	
STREET ADDRESS	1 YORKDALE ROAD, SUITE 510	
CITY-ST-ZIP	NORTH YORK ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D & Asst. Secy.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shoel Silver	
1.3 STREET ADDRESS	2221 Lee Road, Suite 24	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2221 Lee Road, Suite 24	
2.4 CITY-ST-ZIP	Winter Park, FL 32789	
3.1 TITLE	Asst. Secy.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lawrence Lubin	
3.3 STREET ADDRESS	2221 Lee Road, Suite 24	
3.4 CITY-ST-ZIP	Winter Park, FL 32789	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: _____ DATE: 11/4/2019
 (416) 785-6000

CR2E034 (5/98)