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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 27 1998 8:00am Secretary of State

| 1. Corporation                                       | n Name                        | # P2072<br>TMENTS, INC.           | 29            |  | (4)                  |              |                   |                |          |   |                                       |                 |               |  |
|--|-------------------------------|-----------------------------------|---------------|--|----------------------|--------------|-------------------|----------------|----------|---|---------------------------------------|-----------------|---------------|--|
| Principal Place of Business Mailing Addre            |                               |                                   |               |  |                      | SS           |                   |                |          |   |                                       | nigil aldti Ali | HI OIRIE IODA |  |
| 700 YORK STREET                                      |                               |                                   |               | 700 YORK STREET                          |                      |              |                   |                |          |   |                                       |                 |               |  |
| LONDON, ONTARIO N5W 2S8<br>GANADA                    |                               |                                   |               | LONDON, ONTARIO N5W 2S8<br>CANADA<br>NB. |                      |              |                   |                |          |   |                                       |                 |               |  |
|  |                               |                                   |               |  |                      |              |                   |                |          | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified |                                       |                 |               |  |
| _  |                               |                                   |               | حون                                      |                      |              |                   |                |          | 10/28/1989  |                                       |                 |               |  |
| 2. Principal P                                       | ace of Busin                  | nee                               | 20            | 2a. Mailing Address                      |                      |              |                   |                |          | 10/20/1808<br>4. FEI Number                                   |                                       | T 14            | oplied For    |  |
| 21   |                               |                                   |               | 26                                       |                      |              |                   |                |          | 98-0111829  |                                       |                 | ot Applicable |  |
| Sulte, Apt.  | # etc                         |                                   | 1201          | Suite, Apt. #, etc.                      |                      |              |                   |                |          |   |                                       |                 | Additional    |  |
| 22   |                               |                                   |               | 27                                       |                      |              |                   |                |          | 5. Certificate of Status Desired                              |                                       |                 | equired       |  |
| City & State   | 9                             |                                   |               | City & State                             |                      |              |                   |                |          | 6. Election Campaign Financing                                |                                       | \$5.00          | May Be        |  |
| 23   |                               |                                   | 28            |  |                      |              |                   |                |          | Trust Fund Contribution                                       |                                       |                 | to Fees       |  |
| Zip  |                               | Country                           |               | Zip                                      |                      | Coul         | ntry              |                |          | 8. This corporation owes or has p                             | _                                     | _ ` _           | ,             |  |
| 24   |                               | 25                                | 29            |  |                      | 30           |                   |                |          | Personal Property Tax due Jun                                 |                                       |                 | _] No         |  |
|  |                               | and Address of Curr               | ent Hegi      | Stered Age                               | ent                  |              | 81                | Name           |          | 10. Name and Address of New R                                 | egistered /                           | Agent           |               |  |
|  |                               | EN C. C., ESQ.                    |               |  |                      |              | ات                | IVAILIC        |          |   |                                       |                 |               |  |
|  |                               | COAST BLVD                        |               |  |                      |              | B2                | Street Addres  |          | ss (P.O. Box Number is Not Accepte                            | ble)                                  |                 |               |  |
| CRYSTAL RIVER FL 34428 3                             |                               |                                   |               |  |                      |              | 63                |                |          |   |                                       |                 |               |  |
|  |                               |                                   |               |  |                      |              |                   |                |          |   |                                       |                 |               |  |
|  |                               |                                   |               |  | 84 City              |              |                   |                | FL       | 85 Zip  | Code<br>403                           |                 |               |  |
| 11. Pursuant   | to the provis                 | ions of Sections 607.05           | 02 and 6      | 607.1508, F                              | lorida Statut        | es, the ab   | ove               | -named o       | corpo    | ration submits this statement for the                         | purpose of                            | changing i      | ts registered |  |
| office or re   | egistered ag<br>m familiar wi | gent, or both, in the Sta         | te of Flor    | ida. Such d<br>of Section (              | han <b>ge w</b> as a | authorized   | i by<br>ites      | the corp       | oratio   | n's board of directors. I hereby acce                         | pt the app                            | ointment as     | registered    |  |
| SIGNATURE  |                               | in, and decept the con            | g             | , (X/Dt/IOTT                             |                      | ondo orac    |                   | •              |          |   |                                       |                 |               |  |
|  | Signature, typed              | for printed name of registered of | gent and life | e if applicable.                         | (NOT                 | E Acgistered | Ager              | nt signature r | required | when reinslating)   | DATE                                  |                 |               |  |
| 12.  | BRAT                          | OFFICERS A                        | ND DIRE       |  | 1                    | 13.          |                   | <u> —</u> —    |          | ADDITIONS/CHANGES TO OFFI                                     | CERS AND                              |                 |               |  |
| TITLE  | DPST                          | T COIVA                           |               | L.                                       | ] DELETE             | 1.1 TiT      |                   |                |          |   |                                       | Change          | Addition      |  |
| NAME SPECHT, ERIKA STREET ADDRESS 23 BENSON CRESCENT |                               |                                   |               |  |                      |              | 1.2 NAME          |                |          |   |                                       |                 |               |  |
| LONDON ON  |                               |                                   |               | ľ  |                      |              | 13 STREET ADDRESS |                |          |   |                                       |                 |               |  |
| CITY-ST-ZIP<br>TITLE                                 | D                             | II OII                            |               |  | DELETE               | 2.1 TIT      |                   | - ZIP          |          |   | · · · · · · · · · · · · · · · · · · · | Change          | Addition      |  |
| NAME   | •                             | T, STEVEN                         |               | L-                                       | ) preent             | 2.7 M        |                   |                |          |   |                                       | L. Unange       |               |  |
| STREET ADDRESS                                       | 700 YO                        | RK ST                             |               |  |                      |              |                   | ADDRESS        |          |   |                                       |                 |               |  |
| CITY-ST-ZIP  | LONDO                         |                                   |               |  |                      | 2.4 CI       |                   |                |          |   |                                       |                 |               |  |
| TITLE  | D                             |                                   |               |  | DELETE               | 3.1 TIT      | _                 | . 411          |          | 41.4  | <del></del>                           | Change          | Addition      |  |
| NAME   | SPECH                         | T, CHRIS                          |               |  |                      | 3.2 NA       |                   |                |          |   |                                       | •               |               |  |
| STREET ADORESS                                       | 700 YO                        |                                   |               |  |                      | 1            |                   | ADDRESS        |          |   |                                       |                 |               |  |
| CITY-ST-ZIP  | LONDO                         | N, ONTARIO                        |               |  |                      | 3.4. Cf      | TY - S            | T- ZIP         |          |   |                                       |                 |               |  |
| TITLE  | DV                            | <del></del>                       |               |  | DELETE               | 4.1 1(1      |                   |                |          |   | · · · · · · · · · · · · · · · · · · · | Change          | Addition      |  |
| NAME   |                               | T, FRITZ                          |               |  |                      | 4. 2 NA      | ME                |                |          |   |                                       |                 |               |  |
| STREET ADDRESS                                       |                               | ISON CRESCENT                     |               |  |                      | 4.3 \$16     | REET A            | ADDRESS        |          |   |                                       |                 |               |  |
| CITY-ST-ZIP  | LONDO                         | N ON                              |               |  |                      | 4.4 CfT      | Y-ST              | - ZIP          |          |   |                                       | _               |               |  |
| TITLE  |                               |                                   |               |  | DELETE               | 5.1 TIT      |                   | -              |          |   |                                       | ☐ Change        | Addition      |  |
| NAME   |                               |                                   |               |  |                      | 5.2 NA       | ME                | 1              |          |   |                                       |                 | ŀ             |  |
| STREET ADDRESS                                       |                               |                                   |               |  |                      | 5.3 ST       | REET A            | ADDRESS        |          |   |                                       |                 |               |  |
| CITY-ST-ZIP  |                               |                                   |               |  | DCI FEE              | 5.4 CIT      |                   | I - ZIP        |          |   |                                       | <u> </u>        | 1 100         |  |
| TITLE  |                               |                                   |               | L  | DELETE               | 6.1 TIT      |                   | 1              |          |   |                                       | Change          | Addition      |  |
| NAME   |                               |                                   |               |  |                      | 6.2 NA       |                   |                |          |   |                                       |                 |               |  |
| STREET ADDRESS                                       |                               |                                   |               |  |                      | 4            |                   | ADDRESS        |          |   |                                       |                 |               |  |
| CITY-ST-ZIP  | artifu that th                | a information supplied            | with thin     | filing door                              | not qualify fo       | 6.4 CfT      |                   |                | d in C   | ection 110 07/2)(i) Florida Statutas                          | l further no                          | etifu that the  | information   |  |

recept 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 informatic 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.