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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 14 1997 8:00am  
Secretary of State

DOCUMENT # P30093

(9)

1. Corporation Name

MILCOMBE HOUSE INVESTMENTS LIMITED COMPANY

Principal Place of Business

1 MAPLEGROVE DRIVE  
OAKVILLE, ONTARIO L6J 4D8  
CANADA

Mailing Address

1 MAPLEGROVE DRIVE  
OAKVILLE, ONTARIO L6J 4D8  
CANADA

3. Date Incorporated or Qualified

07/03/1990

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0210151

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

WILSON, GARY K.  
1100 FIFTH AVENUE SOUTH, SUITE 211  
NAPLES FL 33940

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME HARRIGAN, KENNETH W.

STREET ADDRESS 1 MAPLEGROVE DRIVE  
CITY - ST - ZIP OAKVILLE, ONTARIO L6J-4T8

TITLE P ☐ DELETE

NAME HARRIGAN, MARGARET JEAN

STREET ADDRESS 1 MAPLEGROVE DRIVE  
CITY - ST - ZIP OAKVILLE, ONTARIO L6J-4T8

TITLE D ☐ DELETE

NAME TOMLINSON, TARA L.

STREET ADDRESS 7 HARPERS CROFT  
CITY - ST - ZIP UNIONVILLE, ONTARIO L3R-6L1

TITLE D ☐ DELETE

NAME HARRIGAN, STEPHEN C.

STREET ADDRESS 6826 SUMMER HEIGHTS  
CITY - ST - ZIP MISSISSAUGUA ON

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

*[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 11/02/97 905-842-8500

Date Daytime Phone #

CR2E034 (9/96)