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Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1990

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 L6J-4T8

25

29 L6J-4T8

30

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 ☐ DELETE

NAME  
HARRIGAN, KENNETH W.  
STREET ADDRESS  
1 MAPLEGROVE DRIVE  
CITY-ST-ZIP  
OAKVILLE, ONTARIO L6J-4T8

TITLE ☐ DELETE

NAME  
HARRIGAN, MARGARET JEAN  
STREET ADDRESS  
1 MAPLEGROVE DRIVE  
CITY-ST-ZIP  
OAKVILLE, ONTARIO L6J-4T8

TITLE ☐ DELETE

NAME  
TOMLINSON, TARA L.  
STREET ADDRESS  
7 HARPERS CROFT  
CITY-ST-ZIP  
UNIONVILLE, ONTARIO L3R-6L1

TITLE ☐ 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 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:

*M. Harrigan*

Feb. 25, 1998

905-842-4130

CR2E034 (10/97)