

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P30320 (6)

1. Corporation Name

833845 ONTARIO LIMITED CORPORATION



Principal Place of Business

Mailing Address

ONE YORKDALE ROAD, SUITE 510
NORTH YORK, ONTARIO M6A 3A1
CANADA

ONE YORKDALE ROAD, SUITE 510
NORTH YORK, ONTARIO M6A 3A1
CANADA

3. Date Incorporated or Qualified

07/27/1990

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 225 S. Westmonte Drive

22 City & State 27 Suite 3020

23 Zip 28 Altamonte Springs, FL

24 Country 29 32714 30

4. FEI Number

98-0112573

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

10. Name and Address of New Registered Agent

MCENULTY, FRANK
C/O TRI-FIVE PROPERTIES
225 S. WESTMONTE DRIVE, SUITE 3020
ALTAMONTE SPRINGS FL 32714

81 Name DAVID W. HALL

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0512 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 appointment of, Section 607.0505, Florida Statutes.

SIGNATURE

DAVID W. HALL

2/12/96

(NOTE: Registered Agent's signature required when transferring)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SILVER, SHOEL
STREET ADDRESS ONE YORKDALE ROAD, SUITE 510
CITY-ST-ZIP NORTH YORK, ONT., CANADA

TITLE VD ☒ DELETE

NAME SILVER, EILEEN
STREET ADDRESS ONE YORKDALE ROAD, SUITE 510
CITY-ST-ZIP NORTH YORK, ONT., CANADA

TITLE SD ☐ DELETE

NAME COOPER, BERNARD
STREET ADDRESS ONE YORKDALE ROAD, SUITE 510
CITY-ST-ZIP NORTH YORK, ONT., CANADA

TITLE ☐ DELETE

NAME VSD
STREET ADDRESS LAWRENCE LUBIN
CITY-ST-ZIP One Yorkdale Road, Suite 510
North York, Ont., Canada

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE LUBIN

2/12/96

407-865-5444

Daytime Phone #

CR2E034 (12/95)