

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address
225 SOUTH WESTMORE DRIVE
SUITE 320
ALTAMONTE SPRINGS FL 32714
US



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

3. Date Incorporated or Qualified
07/27/1990

3a. Date of Last Report
03/04/1996

4. FEI Number
98-0112573

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

HALL, DAVID W
C/O TRI-FIVE PROPERTIES
225 S. WESTMONTE DRIVE, SUITE 3020
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
JOSEPH E. WHITAKER

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 *Joseph E. Whitaker* DATE 4-15-97

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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Joseph E. Whitaker*

CR2E034 (9/96)