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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P31900 (4)

1. Corporation Name

788800 ONTARIO LIMITED, INC.



Principal Place of Business

Mailing Address

30 ST. CLAIR AVENUE WEST, SUITE 1100  
TORONTO, ONT., CA M4V 3A1

30 ST. CLAIR AVENUE WEST, SUITE 1100  
TORONTO, ONT., CA M4V 3A1

3. Date Incorporated or Qualified

11/27/1990

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI  
1500 EDWARD BALL BLDG.  
100 CHOPIN PLAZA  
MIAMI FL 33130

81

Name Letitia E. Wood, P.A.

82

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

200 E. Robinson St.

83

Suite 500

84

City Orlando

FL

85 Zip Code 32801

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

*Letitia E. Wood* President

Letitia E. Wood, President

3/13/96

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

(NOTE: Registered Agent signature expires when term ending)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOFFER, MAYER, DR.  
STREET ADDRESS 223 ST. CLAIR AVE. W.  
CITY-ST-ZIP TORONTO, ONT., CANADA ☐ DELETE

TITLE VD  
NAME MEDOFF, RONALD  
STREET ADDRESS 26 VESTA DRIVE  
CITY-ST-ZIP TORONTO, ONT., CANADA ☐ DELETE

TITLE ST  
NAME LEWIS, DEBRA  
STREET ADDRESS 28 ABERFELDY CRESCENT  
CITY-ST-ZIP THORNHILL, ONT., CANADA ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

*Ronald Medoff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Medoff

Mar 11/96

(416) 972-0458

DATE

Display Phone #

CR2E034 (12/95)