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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33184

(3)

352060 ONTARIO INC.

FILED Feb 19 1998 8:00am Secretary of State

OSECCO CITTAINO INO		
Principal Place of Business Mailing Address	-	T THE PARTY AND TABLE THAN THE PARTY OF THE TABLE THE PARTY OF THE PAR
C/O KELLY GREENS 377 KENT STREET WEST		
1241 KELLY SANDS WAY LINDSAY ONATRIO. CANAL	DA KAV45	
FORT MYERS FL 33908 US		DO NOT WRITE IN THIS SPACE
US .		3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address		03/18/1991 4. FEI Number Applied For
		4. FEI Number Applied For 98-0115004 Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.		60.75
22 27		5. Certificate of Status Desired Fee Regulred
City & State City & State		6. Election Campaign Financing \$5.00 May Be
23 28		Trust Fund Contribution Added to Fees
Zip Country Zip	Country	8. This corporation owes or has paid the current year Intangible
	30	Personal Property Tax due June 30. 🔲 Yes 📝 No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
Brunton registered agents, Inc.	81 Name	•
4710 NW 2ND AVE., SUITE 101	82 Street Addre	ss (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33431		
	83	
	84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	s the above-named corpo	ration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was aul agent. I am familiar with, and accept the obligations of, Section 607.0505, Flori	ithorized by the corporatio	on's board of directors. I hereby accept the appointment as registered
SIGNATURE		DATE.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I 12. OFFICERS AND DIRECTORS	Registered Agent signature required 13.	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PCD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME FOX, DOMINIC	1.2 NAME	_ • _
STREET ADDRESS 377 KENT ST., WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP LINDSAY ONATRIO CANA	1.4 City-St-ZiP	
TITLE DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-S1-ZIP	2. 4 CITY-ST-ZIP	
TITLE DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4. CITY - ST - ZIP	
TITLE L. DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4. 2 NAME	·
STREET ADDRESS	4.3 STREET ADDRESS	}
CITY-ST-ZIP TITLE DELETE	4.4 CITY - ST - ZIP	Change Addition
_	5.1 TITLE	C Cyraufia C Wildright
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
	6.2 NAME	in outside in votation
NAME	A'Y MADUE	
	6.3 STREET ANADECC	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for indicated on this annual report or supplemental annual report is true and accur	6.4 CITY-ST-ZIP	ection 119.07(3)(i), Florida Statutes. I further certify that the information