SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 14 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P35612** **(1)**

1. Corporation Name
SALISBURY II PROFESSIONAL HOLDING CORPORATION

Principal Place of Business	Mailing Address
% BURWICK P.O. BOX 1129 WILLIAMSBURG NY 14231	P.O. BOX 1129 P.O. BOX 1129 WILLIAMSVILLE NY 14231 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 2235 Sheppard Av E	26 2235 Sheppard Av. E.
Suite, Apt. #, etc. 22 #904	Suite, Apt. #, etc. 27 #904
City & State 23 Willowdale, Ontario	City & State 28 Willowdale, Ontario
Zip / County 24 M2J 5B5 / 25 Canada	Zip / County 29 M2J 5B5 / 30 Canada

4. FEI Number: NOT APPLICABLE ☐ 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

KOLODY STEPHEN G
2000 MAIN ST, STE 500
BRANETT CTR
FT MYERS FL 33901

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature(s) required only if registered agent is the 1st applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VST	11 TITLE		☑ Change ☐ Addition
NAME	BURWICK, ROBERT	12 NAME		
STREET ADDRESS	%69 DELAWARE AVE., #1000	13 STREET ADDRESS	Resigned	
CITY ST ZIP	BUFFALO NY	14 CITY ST ZIP		
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	BURWICK, ROBERT	22 NAME		
STREET ADDRESS	%69 DELAWARE AVE., #1000	23 STREET ADDRESS	Resigned	
CITY ST ZIP	BUFFALO NY	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	RON BERNBAUM,	32 NAME		
STREET ADDRESS	2235 SHEPPARD E #904	33 STREET ADDRESS		
CITY ST ZIP	NORTH YORK, ONTARIO M2J 5B5	34 CITY ST ZIP		
TITLE	ST	41 TITLE		☐ Change ☑ Addition
NAME	RON BERNBAUM	42 NAME		
STREET ADDRESS	2235 Sheppard Av. E #904	43 STREET ADDRESS		
CITY ST ZIP	North York, Ont. M2J 5B5	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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: Ron Bernbaum June 22/95 (416) 499-2711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ron Bernbaum

0176070 FN