

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P38048 (5)

1. Corporation Name

CANDECO LIMITED CORP.



Principal Place of Business

**93 POST ROAD
DON MILLS
ONTARIO, CANADA M3B 1J3**

Mailing Address

**93 POST ROAD
DON MILLS
ONTARIO, CANADA M3B 1J3**

3. Date Incorporated or Qualified

03/19/1992

3a. Date of Last Report

07/11/1995

4. FEI Number

98-0122582

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

2. Principal Place of Business

2a. Mailing Address

21

26

Street, Apt. #, etc.

Street, 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

**BRUNTON REGISTERED AGENTS INC.
4710 NW BOCA RATON BLVD., #101
BOCA RATON FL 33431**

81. Name

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

(Signature of the person providing this information is required. This is not a notary signature.)

(Not a Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	☐ DELETE
NAME	HOLLAND, ALFRED T.	
STREET ADDRESS	93 POST ROAD, DON MILLS	
CITY, ST, ZIP	ONTARIO, CANADA	
TITLE	D	☐ DELETE
NAME	HOLLAND, FROUKE	
STREET ADDRESS	93 POST ROAD, DON MILLS	
CITY, ST, ZIP	ONTARIO, CANADA	
TITLE	S	☐ DELETE
NAME	HOLLAND, E. NICOLAAS	
STREET ADDRESS	94 GWENDOLEN CRESCENT, WILLOWDALE	
CITY, ST, ZIP	ONTARIO, CANADA	
TITLE	T	☐ DELETE
NAME	HOLLAND, MICHAEL A.	
STREET ADDRESS	93 POST ROAD, DON MILLS	
CITY, ST, ZIP	ONTARIO, CANADA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *E. NICOLAAS HOLLAND* 96/1/26 416 443 0554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)