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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 06 1997 8:00am
Secretary of State

DOCUMENT # **P38048**

(5)

1. Corporation Name

CANDECO LIMITED CORP.

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

03/19/1992

3a. Date of Last Report

02/13/1996

4. FEI Number

98-0122582

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DCP
HOLLAND, ALFRED T.
STREET ADDRESS 83 POST ROAD, DON MILLS
CITY-ST-ZIP ONTARIO, CANADA**

TITLE ☐ DELETE

NAME **D
HOLLAND, FROUKE
STREET ADDRESS 83 POST ROAD, DON MILLS
CITY-ST-ZIP ONTARIO, CANADA**

TITLE ☐ DELETE

NAME **S
HOLLAND, E. NICOLAAS
STREET ADDRESS 84 GWENDOLEN CRESCENT, WILLOWDALE
CITY-ST-ZIP ONTARIO, CANADA**

TITLE ☐ DELETE

NAME **T
HOLLAND, MICHAEL A.
STREET ADDRESS 83 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

E NICOLAAS HOLLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

JAN 6, 97
Date

(416) 443-0554
Daytime Phone #

0529310

CR2E034 (9/96)