SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 19 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029010

1. Corporation Name
MEASURE MASTERS FLOOR PLANNING & BLUEPRINT SERVI CE, INC.

Principal Place of Business	Mailing Address
2974 FOLKWAY DRIVE MISSISSAUGA, ONTARIO CANADA	2974 FOLKWAY DRIVE MISSISSAUGA, ONTARIO CANADA

9/21/99 90019 032 #150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1993

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-3187685 — 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 owns the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAREY, MICHAEL R
100 SO. ASHLEY DRIVE
SUITE 1190
TAMPA FL 33602

10. Name and Address of New Registered Agent

91 Name:
92 Street Address (P.O. Box Number is Not Acceptable):
93:
94 City: FL 95 Zip Code:

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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, typed or printed name of registered agent, and title if signature... (NOTE: Registered agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCPHAIL, DOREEN M	1.2 NAME	
STREET ADDRESS	2974 FOLKWAY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO CANADA	1.4 CITY-ST-ZIP	
	☒ DELETE		
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCPHAIL, JOHN J	2.2 NAME	
STREET ADDRESS	2974 FOLKWAY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO CANADA	2.4 CITY-ST-ZIP	
	☐ DELETE		
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
	☐ DELETE		
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	☐ DELETE		
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE		
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

14. I 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: Peter G. Herron SIGNATURE REQUIRED Peter G. Herron Date: 10/99 (905)549-5954
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) — Area Code & Daytime Phone #

KE

John McPhail Oct 8, 1999
1 800 209 3332

2

Herron Accounting Services

Herron Accounting Services
Phone: (905)549-5954
FAX: (905)549-7825
email:

Monday, August 9, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, Florida
32314

Dear Christine,

Attached, please find a copy of the 1999 Florida Intangible Tax Return as of January 1, 1999. Also included is a photocopy of our cheque 572 in the amount of $ 150.00 in payment for these taxes.

As shown by the bank stamps, this payment has been deposited by your tax department, but not to our account.

At this time, I ask for your help in tracing where this has been allocated to and also where the Tax Return ended up.

When you have solved this situation, please contact me at (905)549-5954.

Thanking you in advance for your co-operation

Yours truly

Herron Accounting

850 487 6017