**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90105 021 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000035182

NUMBERED CORPORATION OF FLORIDA INC.

Mailing Address Principal Place of Business 350 GULF BLVD. 350 GULF BLVD. INDIAN ROCKS BEACH FL 34635 INDIAN ROCKS BEACH FL 34635 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/13/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3243720 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation owes the current year Intangible Zip **M**No Personal Property Tax. ☐ Yes 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEYLIE, WALLACE J Street Address (P.O. Box Number is Not Acceptable) 82 350 GULF BLVD. **INDIAN ROCKS BEACH FL 34635** 83 Zip Code 84 City F 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE GRAY, RANDALL W 12 NAME NAME R.R. #3 1.3 STREET ADDRESS STREET ADDRESS STOUFFVILLE, ONTARIO, CANADA 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME

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 or on an attachment with an address, with all other like empowered. Block 12 or Block 13 if changed.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 2

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)