

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000043475 (1)

1. Corporation Name

SANCTUARY ACQUISITION, INC.



Principal Place of Business

7950 131ST ST N
SEMINOLE FL 34646

Mailing Address

4126 NORLAND AVE
BURNABY, BRITISH COLUMBIA CA V5G 3S8
OC

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

BURNABY, BRITISH COLUMBIA

29

Zip

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

98-0152103

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

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 for name of registered agent and not for corporation

(NOTE: Registered Agent's signature required when new agent is appointed)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DVA
RUSSELL, ROBERT D.
STREET ADDRESS 200 N FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME D
LOEWEN, RAYMOND L.
STREET ADDRESS 4126 NORLAND AVE
CITY-ST-ZIP BURNABY, BRITISH COLUMBIA

TITLE ☐ DELETE

NAME DA
HYNDMAN, PETER S.
STREET ADDRESS 4126 NORLAND AVE
CITY-ST-ZIP BURNABY, BRITISH COLUMBIA

TITLE ☐ DELETE

NAME ST
WRIGHT, GARY L.
STREET ADDRESS 800-50 E RIVER CENTER BLVD
CITY-ST-ZIP COVINGTON KY

TITLE ☐ DELETE

NAME P
RHODES, JOHN S., III
STREET ADDRESS 800 E DRUID RD
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

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

300001794763

04/25/96-01071-024

***200.00

ZIP = V5G 3S8

ZIP = V5G 3S8

ZIP = 41011

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER S. HYNDMAN MARCH 22, 1995 (604) 299-9321

Daytime Phone #

Daytime Phone #

CR2E034 (12/95)