

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

9000-00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000043475

1. Corporation Name

SANCTUARY ACQUISITION, INC.

Principal Place of Business

7960 131ST ST N  
SEMINOLE FL 34646

Mailing Address

4126 NORLAND AVE  
BURNABY BC., CANADA V5G 3S8

99 APR 27 PM 1:27

FLORIDA DEPARTMENT OF STATE



4/27/99 90012/039 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1983

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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

(NOT E Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME RUSSELL, ROBERT D.  
STREET ADDRESS 200 N FEDERAL HWY  
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE D  
NAME LOEWEN, RAYMOND L.  
STREET ADDRESS 4126 NORLAND AVE  
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8 ☐ DELETE

TITLE DA  
NAME HYNDMAN, PETER S.  
STREET ADDRESS 4126 NORLAND AVE  
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8 ☐ DELETE

TITLE ST  
NAME ROLLINGS, GREGORY K  
STREET ADDRESS 681 NORTH AVE.  
CITY-ST-ZIP JONESBORO GA ☒ DELETE

TITLE VP  
NAME CASHNER, JEFFREY L.  
STREET ADDRESS 801 TEAS ROAD  
CITY-ST-ZIP CONROE TX 77303 ☐ DELETE

TITLE AS  
NAME HART, PAUL  
STREET ADDRESS 3180 TREMONT AVENUE  
CITY-ST-ZIP TREVOSE PA 19053 ☒ DELETE

13. ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE VP  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE D  
22 NAME PAUL WAGLER  
23 STREET ADDRESS 4126 NORLAND AVENUE  
24 CITY-ST-ZIP BURNABY, B.C., CANADA V5G 3S8 ☐ Change ☒ Addition

31 TITLE DAS  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☒ Change ☐ Addition

41 TITLE VP  
42 NAME SEAN M. GILCHRIST  
43 STREET ADDRESS 801 TEAS ROAD  
44 CITY-ST-ZIP CONROE, TX 77303 ☐ Change ☒ Addition

51 TITLE P  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☒ Change ☐ Addition

61 TITLE ST  
62 NAME GEORGE F. AMATO  
63 STREET ADDRESS 4145-58TH STREET  
64 CITY-ST-ZIP WOODSIDE, NY 11377 ☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

PETER S. HYNDMAN

April 20, 1999

(604) 299-9121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER FOR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)