

P.34

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

95 MAY -1 PM 3: 14

TALL TALE FLORIDA

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-05/19/95 -01077 -018
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1993	3a. Date of Last Report 02/09/1994
4. (E) Number APPLIED FOR 93-0138708	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$0.75 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	

5. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

[illegible]

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO	1.1 TITLE	☐ Change ☐ Addition
NAME	LOVAT, RICHARD	1.2 NAME	
STREET ADDRESS	42 GROVETREE RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	REXDALE, ONTARIO, CANADA	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	LOVAT, RICKY P	2.2 NAME	
STREET ADDRESS	63 PAULA CRT- BOX B4- R.R.#1	2.3 STREET ADDRESS	
CITY - ST - ZIP	KLEINBURG, ONTARIO, CANADA	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

16. 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)(a), 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 checked, or not on attachment with explanation.

SIGNATURE:

NAME AND TYPE OF PRINTED NAME OF SIGNING OFFICER IN DAWGTON

APR 28 95 (416) 675-3293