FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

95 MAY -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000079388 (3)**

1. Entity Name
SUMMERSIDE CORPORATION

Mailing Address
C/O BOND, SCHOENECK & KING
1167 THIRD STREET SOUTH, SUITE 107
NAPLES FL 33940

Name and Address of Person Filing
C/O BOND, SCHOENECK & KING
1167 THIRD STREET SOUTH, SUITE 107
NAPLES FL 33940

Do Not Write In This SPACE

3. Date Incorporated / Qualified: **11/12/1993**
3a. Date of Last Report: **08/04/1994**

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
FL
24
County
25

2a. Mailing Address
26
Suite Apt. #
27
City & State
28
FL
29
County
30

4. FEI Number: **NOT APPLICABLE**
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 Ch. 199.032 Florida Statutes: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SEXTON, DAVID N
BOND, SCHOENECK & KING
1167 THIRD STREET, SUITE 107
NAPLES FL 33940

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 Section 607.1005, 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. The 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

12. OFFICES AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICES AND DIRECTORS	
Title / NAME / Address	D BARWISE, WAYNE L 99 MOORE AVE. TORONTO ONTARIO, CANADA M4T 1V7	Title / NAME / Address	PRESIDENT ☐ Change ☑ Addition
Title / NAME / Address	D BARWISE, JOHN B 99 MOORE AVE. TORONTO ONTARIO,CANADA M4T 1V7	Title / NAME / Address	VICE PRESIDENT, TREASURER ☐ Change ☑ Addition
Title / NAME / Address	D. BARWISE, KIM GERLEE 99 MOORE AVE. TORONTO, ONT. CANADA M4T-1V7	Title / NAME / Address	☐ Change ☑ Addition
Title / NAME / Address		Title / NAME / Address	☐ Change ☐ Addition
Title / NAME / Address		Title / NAME / Address	☐ Change ☐ Addition
Title / NAME / Address		Title / NAME / Address	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate and that, for the annual report required to be filed pursuant to Section 607.1622, Florida Statutes, I further certify that the information contained in the annual report or supplemental annual report is true and accurate and that this report, regardless of if it is 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 1, or Block 2, above or on an attachment with an address.

SIGNATURE: *W. BARWISE, PRESIDENT.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21/95
Date

(416) 487-0855
Daytime Phone Number

0326738 CP