

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 OCT 25 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091500 (5)

1. Corporation Name

FLAGLER FAMILY TRUST, INC.



Principal Place of Business

Mailing Address

% HARVEY CAPP. O.C.
SUITE 1703, ST. CLAIR AVE., WEST
TORONTO CANADA M4V 1L5

% HARVEY CAPP. O.C.
SUITE 1703, ST. CLAIR AVE., WEST
TORONTO CANADA M4V 1L5

3. Date Incorporated or Qualified
11/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 280 VIEWMOUNT AVE

26 280 VIEWMOUNT AVE

4. FEI Number

Applied For

59-3349576

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 40055

27 40055

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 TORONTO ONTARIO

28 TORONTO ONTARIO

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 M6B 4K4

25 CANADA

29 M6B 4K4

30 CANADA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROOT, HARRY H III
903 SWANN AVE.
TAMPA FL 33606

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/V/T/D
NAME GRAZIA SCOPELLITI
STREET ADDRESS 280 VIEWMOUNT AVE SUITE 40055
CITY-ST-ZIP TORONTO ONTARIO CANADA M6B 4K4

TITLE
NAME TERRY NERO (SECRETARY)
STREET ADDRESS 280 VIEWMOUNT AVE SUITE 40055
CITY-ST-ZIP TORONTO ONTARIO CANADA M6B 4K4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

000001990990--2
-10/30/96--01096--024
****225.00 ****225.00

Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GRAZIA SCOPELLITI

Received on time
TAMPA 22/96 416-781-6030

CR2E034 (3/96)