

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

APPROVED  
AND  
FILED

98 OCT 23 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT #  
1. Corporation Name

P(95000091500 (5)

FLAGLER FAMILY TRUST, INC.

Principal Place of Business

Mailing Address

280 VIEWMOUNT AVE.  
40055  
Toronto, ONTARIO M6B-4K4

280 VIEWMOUNT AVE  
40055  
Toronto, ONTARIO

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3349576

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gregory F. Boyer  
2522 Lake Ellen Lane  
Tampa, Florida 33618

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 ☐ DELETE  
NAME Pvt'd  
STREET ADDRESS Gracia Scopelliti  
CITY-ST-ZIP 280 Viewmount Ave, Suite 40055  
Toronto, Ontario M6B-4K4

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition  
300002680503--3  
-11/04/98--01076--014  
\*\*\*\*\*17.50 \*\*\*\*\*17.50

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS Terry Nero  
CITY-ST-ZIP 280 Viewmount Ave Suite 40055  
Toronto, Ontario M6B-4K4

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VPSO  
Terry Nero  
280 Viewmount Ave Suite 40055  
Toronto, Ontario M6B-4K4

TITLE ☐ DELETE  
NAME Tommasina Scopelliti-Lio  
STREET ADDRESS 280 Viewmount Ave Suite 40055  
CITY-ST-ZIP Toronto, Ontario M 6B-4K4

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

300002680503--3  
-11/04/98--01076--015  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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.

SIGNATURE:

TERRY NERO  
TERRY NERO  
TERRY NERO

October 29th 1998-813-835-7356

CR2E034 (10/97)