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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90040 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045492

1. Corporation Name

COMREV INVESTMENTS (FLORIDA), INC.

Principal Place of Business

2 FIRST CANADIAN PLACE #1300
TORONTO, ONTARIO M5X 1E3

Mailing Address

2 FIRST CANADIAN PLACE #1300
TORONTO, ONTARIO M5X 1E3

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number

98-0163487

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

2. Principal Place of Business

21 The Exchange Tower, 130 King St. W.

Suite, Apt. #, etc.

22 Suite 1305

City & State

23 Toronto, ONTARIO

Zip Country

24 M5X-1E3

25 CANADA

2a. Mailing Address

26 The Exchange Tower, 130 King St. W.

Suite, Apt. #, etc.

27 Suite 1305

City & State

28 Toronto, ONTARIO

Zip Country

29 M5X-1E3

30 CANADA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 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

TITLE PD ☐ DELETE

NAME SONSHINE, ED
STREET ADDRESS 2 FIRST CANADIAN PLACE #1300
CITY-ST-ZIP TORONTO, ONTARIO M5X 1E3

TITLE SD ☐ DELETE

NAME SONSHINE, FRAN
STREET ADDRESS 2 FIRST CANADIAN PLACE #1300
CITY-ST-ZIP TORONTO, ONTARIO M5X 1E3

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS The Exchange Tower, 130 King St. West, Suite 1305
1.4 CITY-ST-ZIP Toronto, Ont. M5X-1E3

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS The Exchange Tower, 130 King St. W, Ste 1305
2.4 CITY-ST-ZIP Toronto, Ont. M5X-1E3

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 5/99 (416) 866-3112

CR2E034 (11/98)