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Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000051583 (8)

1. Corporation Name

SIERRAH CORPORATION OF SARASOTA



Principal Place of Business

825 SO. OSPREY AVENUE  
SUITE 106  
SARASOTA FL 34236

Mailing Address

825 SO. OSPREY AVENUE  
SUITE 106  
SARASOTA FL 34236-7803

3. Date Incorporated or Qualified

06/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 835 South Osprey Ave  
Suite, Apt. #, etc.

26 835 SOUTH OSPREY AVE  
Suite, Apt. #, etc.

4. FEI Number

EIN 65-0677100

Applied For

Not Applicable

22 Suite 105

27 SUITE 105

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Sarasota, FL

28 Sarasota, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 34236 25 U.S.A.

29 34236 30 U.S.A.

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

SHEA, JOHN  
2840 SOUTH TAMIAMI TRAIL  
SARASOTA FL 34239

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 D ☐ DELETE  
NAME CAMPANALE, VINCE  
STREET ADDRESS 200-1187 BANK STREET  
CITY-ST-ZIP OTTAWA, ONTARIO KLS 3X7 OC

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME CAMPANALE, TONY  
STREET ADDRESS 200-1187 BANK STREET  
CITY-ST-ZIP OTTAWA, ONTARIO KLS 3X7 OC

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(613) 730-7000  
Daytime Phone #

CR2E034 (9/96)