

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90029 003 ***150.00

DOCUMENT # P98000005161

1. Corporation Name

RIVER OAKS RESIDENTIAL LAND DEVELOPMENT, INC.

Principal Place of Business

11 CHURCH STREET #200
TORONTO.ONTARIO CANADAM5E1W1

Mailing Address

11 CHURCH STREET #200
TORONTO.ONTARIO CANADAM5E1W1

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

98-0180938

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees 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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MOCK, FRANK M
200 SOUTH ORANGE AVENUE
SUNTRUST CENTER #2300
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name RALPH SMITH
82 Street Address (P.O. Box Number is Not Acceptable)
14237 LAKE UNDERHILL ROAD
83
84 City ORLANDO FL 85 Zip Code 32828

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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

3/26/99

12. OFFICERS AND DIRECTORS

TITLE D IVP
NAME JACOBSON, RUSSELL G
STREET ADDRESS 11 CHURCH STREET #200
CITY-ST-ZIP TORONTO,ONTARIO CANADAM5E1W1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D IVP
1.2 NAME STEIN, MICHAEL
1.3 STREET ADDRESS 11 CHURCH STREET, SUITE 200
1.4 CITY-ST-ZIP TORONTO, ONT. M5E 1W1 CAN.

2.1 TITLE D IVP
2.2 NAME BHARUCHA, YAZDI
2.3 STREET ADDRESS 11 CHURCH STREET, SUITE 200
2.4 CITY-ST-ZIP TORONTO, ONT. M5E 1W1 CAN.

3.1 TITLE D IVP
3.2 NAME POWERS, THOMAS E
3.3 STREET ADDRESS 11 CHURCH STREET, SUITE 200
3.4 CITY-ST-ZIP TORONTO, ONT. M5E 1W1 CAN.

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

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

MAR. 24, 1999. (416) 861-5753

Date

Daytime Phone #

CR2E034 (11/98)