

SECOND NOTICE: CORPORATION WILL BE DISSOLVED UNLESS AFTER AUGUST 1, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

1996 AUG 16 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S06608 (1)

1. Corporation Name

OCEAN TRILLIUM OF DAYTONA BEACH, INC.

Principal Place of Business

Mailing Address

5067 ISLAND PARK DRIVE
MANOTICK, ONTARIO
CANADA K4M 1A8

P.O. BOX 713
MANOTICK, ONTARIO
CANADA K4M 1A8

3. Date Incorporated or Qualified

10/15/1990

3a. Date of Last Report

03/15/1995

4. FEI Number

59-3034029

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SWEET, JEFFREY C.
149 BROADWAY
DAYTONA BEACH FL 32118

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 807.0502 and 807.1506, 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 807.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when re-qualifying.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P
CORRIGAN, JAMES
STREET ADDRESS
5067 ISLAND PK DR
CITY - ST - ZIP
MANOTICK, ONT. CA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

20000001 924 4812

00716246-01057-021

***467.50 ***4238.20

TITLE ☐ DELETE

NAME
V
MCCELLIGOTT, RAY
STREET ADDRESS
47 CROOKED ST RD
CITY - ST - ZIP
CONCORD ONTARIO CANADA

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
ST
O'NEIL ALBERTA
STREET ADDRESS
R.R. H I
CITY - ST - ZIP
PUTNAM CA

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James Corrigan

7-30-96

Date

Daytime Phone #