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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 30 1998 8:00am

Secretary of State

904

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S06608

(1)

OCEAN TRILLIUM OF DAYTONA BEACH, INC.

Block 12 or Block 13 if changed, or on an attachment with an address

Principal Place of Business Mailing Address 5667 ISLAND PARK DRIVE P.O. BOX 713 MANOTICK, ONTARIO MANOTICK ONTARIO DO NOT WRITE IN THIS SPACE CANADA K4M 1A6 CANADA K4M 1A6 3. Date Incorporated or Qualified 10/15/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3034029 Not Applicable Sulte, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible □ No 30 Personal Property Tax due June 30. **₩** Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SWEET, JEFFREY C 149 BROADWAY R2 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 63 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CORRIGAN, JAMES NAME 1.2 NAME 5667 ISLAND PK DR STREET ADDRESS 1.3 STREET ADDRESS MANOTICK, ONT. CA CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition Change TITLE 2.1 TITLE MCELLIGOTT, RAY 2.2 NAME 47 CROOKED ST RD STREET ADDRESS 2.3 STREET ADDRESS **CONCORD ONTARIO CANADA** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETÉ Change Addition TITLE 3.1 TITLE O'NEIL, ALBERTA NAME 3.2 NAME R.R. HI STREET ADDRESS 3.3 STREET ADDRESS **PUTNAM CA** CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6 1 11TLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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