

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **S55988** (7)

1. Corporation Name

FIRST FLORIDA ECHO INC.



Principal Place of Business

**297 KING STREET WEST
KITCHENER, ONTARIO
CANADA N2G 1B1
CA**

Mailing Address

**P.O. BOX 276, STN. C
279 KING STREET WEST
KITCHENER, ONTARIO CANADA N2G 1B1**

3. Date Incorporated or Qualified

05/30/1991

3a. Date of Last Report

03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3099775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISHER & SAULS, P.A.
100 SECOND AVENUE SOUTH
SUITE 701
ST. PETERSBURG FL 33701**

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 firm if applicable.

(Public Registered Agent Signature Required when this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOTZ, PAUL J.	
STREET ADDRESS	57 HEINS AVENUE	
CITY-STATE-ZIP	KITCHENER, ONTARIO	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BEAUPRE, ALAN S.	
STREET ADDRESS	89 BRIARGATE DRIVE	
CITY-STATE-ZIP	KITCHENER, ONTARIO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLEMING, TIMOTHY M	
STREET ADDRESS	139 DUNBAR ROAD SOUTH	
CITY-STATE-ZIP	WATERLOO, ONTARIO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCMULLAN, ELIZABETH	
STREET ADDRESS	88 LENNOX CRESCENT	
CITY-STATE-ZIP	KITCHENER, ONTARIO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Vice President Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gordon L. Van Koughnet	
2.3 STREET ADDRESS	155 Weaver Street	
2.4 CITY-STATE-ZIP	CAMBRIDGE, ONTARIO N3C 1W6	
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. M. Mullan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1996
DATE

CR2E034 (12/95)