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Feb 11 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 # S55988

(7)

1. Corporation Name
FIRST FLORIDA ECHO INC.

Principal Place of Business

287 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/30/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3099775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee 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

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 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 CH/D ☐ DELETE
NAME MOTZ, PAUL J.
STREET ADDRESS 57 HEINS AVENUE
CITY - ST - ZIP KITCHENER, ONTARIO

TITLE V/F ☐ DELETE
NAME VAN KOUGHNET, GORDON L.
STREET ADDRESS 155 WEAVER STREET
CITY - ST - ZIP CAMBRIDGE, ONTARIO CANADA N3C-1W8

TITLE P ☐ DELETE
NAME FLEMING, TIMOTHY M
STREET ADDRESS 139 DUNBAR ROAD SOUTH
CITY - ST - ZIP WATERLOO, ONTARIO

TITLE S ☐ DELETE
NAME MCMULLAN, ELIZABETH
STREET ADDRESS 88 LENNOX CRESCENT
CITY - ST - ZIP KITCHENER, ONTARIO

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME MOTZ, MARGARET
1.3 STREET ADDRESS UNIT 40-210 HIGHLAND CRESCENT
1.4 CITY - ST - ZIP KITCHENER, ONTARIO, CANADA N2M 5H9

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME UHRIG, ANN
2.3 STREET ADDRESS R.R. # 2
2.4 CITY - ST - ZIP BRESLAU, ONTARIO, CANADA N0B 1M0

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 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:

Elizabeth McMullan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 1997 (519) 745-4050

CR2E034 (9/96)