

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

DOCUMENT # S55988

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1991

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

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 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

TITLE	CH/D	<input type="checkbox"/> DELETE
NAME	MOTZ, PAUL J.	
STREET ADDRESS	57 HEINS AVENUE	
CITY-ST-ZIP	KITCHENER, ONTARIO	
TITLE	V/F	<input type="checkbox"/> DELETE
NAME	VAN KOUGHNET, GORDON L.	
STREET ADDRESS	155 WEAVER STREET	
CITY-ST-ZIP	CAMBRIDGE, ONTARIO CANADA N3C-1W6	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FLEMING, TIMOTHY M	
STREET ADDRESS	139 DUNBAR ROAD SOUTH	
CITY-ST-ZIP	WATERLOO, ONTARIO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCMULLAN, ELIZABETH	
STREET ADDRESS	88 LENNOX CRESCENT	
CITY-ST-ZIP	KITCHENER, ONTARIO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOTZ, MARGARET	
STREET ADDRESS	UNIT 40-210 HIGHLAND CRESCENT	
CITY-ST-ZIP	KITCHENER ON	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UHRIG, ANN	
STREET ADDRESS	RR #2	
CITY-ST-ZIP	BRESLAU ON	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	BRADLEY, ANN (formerly Uhrig)
6.4 CITY-ST-ZIP	RR # 2 BRESLAU ON

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:

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

April 14, 1999

(519) 745-4050

Date

Daytime Phone #

CR2E034 (1/1/98)

0001645