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

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90120 005 ***150.00

DOCUMENT # S64087

1. Corporation Name

CANTEAL FLORIDA, INC.

Principal Place of Business	Mailing Address
107 NORTH DRIVE ISLINGTON, ONTARIO M9A 4R5	5430 FLAGLES POINT CIR SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1991

4. FEI Number: 65-0275656 ☐ 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	2a. Mailing Address
21 Suite, Apt #, etc	26 5440 EAGLES POINT CIR Suite, Apt # etc
22 City & State	27 403 City & State
23 Zip / Country	28 SARASOTA, FL 29 34231 / 30 US Zip / Country
24 / 25	

9. Name and Address of Current Registered Agent

BRAAM, JOHN
5530 FLAGLESS POINT CIRCLE
APT. 403
SARASOTA, FL 34231

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 5440 EAGLES POINT CIRCLE
83: APT. 403
84 City: SARASOTA FL 85 Zip Code: 34231

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	P ☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	PTAK, THEODORE W.	NAME	
STREET ADDRESS	107 NORTH DRIVE	STREET ADDRESS	
CITY-ST ZIP	ISLINGTON, ONTARIO M9A 4R5	CITY-ST ZIP	
TITLE	V ☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	PTAK, ALICE	NAME	
STREET ADDRESS	107 NORTH DRIVE	STREET ADDRESS	
CITY-ST ZIP	ISLINGTON, ONTARIO M9A 4R5	CITY-ST ZIP	
TITLE	V ☐ DELETE	TITLE	☑ Change ☐ Addition
NAME	DENNIS, JAMES L.	NAME	
STREET ADDRESS	135 QUEENS PLATE DR., STE. 500	STREET ADDRESS	26 LAREDO COURT
CITY-ST ZIP	ETOBICOKE, ONTARIO M9W 6V1	CITY-ST ZIP	NORTH YORK, ON M2M 4H6
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST ZIP		CITY-ST ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST ZIP		CITY-ST ZIP	
TITLE	DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST ZIP		CITY-ST ZIP	

CR2E034 (11/98)

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 added on an attachment with an address, with all other like empowered.

SIGNATURE: Theodore Ptak FEB 15 99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #