SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

REINSTATEMENT 1995 1996

DOCUMENT # **S71777** **(4)**

1. Corporation Name

QUARRY BAY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
107 NORTH DRIVE ISLINGTON ONTARIO CANADA M944R5	107 NORTH DRIVE ISLINGTON ONTARIO CANADA M944R5

FILED
96 DEC 12 AM 9:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1991
3a. Date of Last Report: 07/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 4990 S. TAMIAMI TR.
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: SARASOTA, FLA
Zip — 24 / Country — 25
Zip — 29: 34231 / Country — 30: USA.

4. FEI Number: 98-0120976 ☐ 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

BRAAM, JOHN
1404 NORTH LAKESHORE DRIVE
SARASOTA FL 34231

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V ☐ Change ☒ Addition
NAME	PTAK, THEADORE W.	1.2 NAME	Dennis, James L.
STREET ADDRESS	107 NORTH DRIVE	1.3 STREET ADDRESS	135 Queens Plate Drive, Ste 500
CITY ST ZIP	ISLINGTON, ONTARIO	1.4 CITY-ST-ZIP	Etobicoke, Ontario, Canada M9W 6V1
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	PTAK, ALICE	2.2 NAME	700002033857--2
STREET ADDRESS	107 NORTH DRIVE	2.3 STREET ADDRESS	-12/19/96--01061--001
CITY ST ZIP	ISLINGTON, ONT, CANA	2.4 CITY-ST-ZIP	***1525.00 ****575.00
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	must
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: J.L. Dennis 9 DEC 96 416-749 2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #