## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S71777

(4)

FILED Feb 02 1998 8:00am Secretary of State

1. Corporation	on Name	. (.)			
QUARI	RY BAY INVESTMENTS, INC	1.			1
				1 (UNICARA PER PERANTENI (UNICARA PERANTENI ARIA)	1
Principal Plac	ce of Business	Mailing Address			
107 NORTH DRIVE 4990 S. TAMIAMI TR					
SARASOTA FL 34231 CANADA M944R5				DO NOT WRITE IN T	HIS SPACE
0/11210/11/10				3. Date Incorporated or Qualified	
<u></u>				08/08/1991	
2. Principal f	Place of Business	2a. Mailing Address	LUCI POINT CIR	4. FEI Number	Applied For
21			COLS TOTAL CIR	98-0120978	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State	4 GI	6. Election Campaign Financing	\$5.00 May Be
23		28 SARASOTI	4 7-	Trust Fund Contribution	Added to Fees
Zip	Country	34231	Country /	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
-	9. Name and Address of Curren	T Hegistered Agent	81 Name	10. Name and Address of New Register	red Agent
BRAAM, JOHN					
	04 NORTH LAKESHORE DRIVE NRASOTA FL 34231		82 Street Addre	ess (P.C. Box Number is Mit Acceptable)	PCLE
"	UNOCIATE OTEOT		83 45	403	
l			84 City (A)	245-4	85 Zpc Co4e4 .
dd Drynnau	to the provisions of Continue CD7 OFO	0 and 607 1500 Floride Statut	3/7/	MSOM	FL   3443/
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	appointment as registered
ľ	am lamiliai wiiri, and accept the obliga	alibris of, Section 607.0505, Fic	ilida Statutes.	•	 
SIGNATURE	Signature, typed or printed name of registered ages	nt and little if applicable. (NOTI	: Registered Agent signature require	d when reinstating) DA	ŢE.
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	PTAK, THEADORE W.		1.2 NAME	T.	
STREET ADDRESS	107 NORTH DRIVE		1.3 STREET ADDRESS		
CiTY-SI-ZIP TITLE	ISLINGTON, ONTARIO	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	PTAK, ALICE	المام	2.2 NAME		
STREET ADDRESS	107 NORTH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ISLINGTON, ONT, CANA		2.4 CITY-ST-ZIP		
TITLE	V	DELETE	3.1 TITLE		Change Addition
NAME	DENNIS, JAMES L	_	3.2 NAME		
STREET ADDRESS	135 QUEENS PLATE DR., STE	<b>500</b>	3.3 STREET ADDRESS		
CITY-ST-ZIP	ETOBICOKE, ONTARIO CANA	DA M9W -6V1	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		The section	4.4 CITY-ST-ZIP		1 7 00000
TITLE		DELETE	5.1 TITLE		Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		1
TITI C		DELETE			Change Addition
TITLE		DELETE	6.1 TITLE		Change Addition
TITLE NAME STREET ADDRESS		DELETE			Change Addition

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 supplymental 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 of 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 a static himself with an address.

SIGNATURE:

Le Daines 12 JA

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