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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
	121-2550 ARGENTIA RD MISSISSAGUA ON L5N 5R1

DECLARATION OF STATEMENT

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	121-2550 Argentina Rd
22	City & State	27	Suite, Apt. #, etc.
23	Zip	28	City & State
24	Country	29	Mississauga
25		30	Zip
			Country
			L5N 5R1
			Ontario

3. Date Incorporated or Qualified 08/08/1991	
4. FEI Number 65-0750004	☐ 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	

3. Name and Address of Current Registered Agent

Lewis, James
500 SE 6th Street, Ste 100
Ft. Lauderdale, FL 33301

10. Name and Address of New Registered Agent			
81	Name		
82	or is Not Acceptable		
83	Count Thornton		
84	777 Brickell Ave. Suite 1200		
85	City	FL	Zip Code
	Miami		33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Grant Thornton LLP Grant Thornton LLP 1/30/99
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
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TITLE	President	☒ DELETE
NAME	Nolte, Ronald J.	
STREET ADDRESS	3325 Griffin Rd, #287	
CITY - ST - ZIP	Ft Lauderdale, FL 33312	
TITLE	Vice-President	☒ DELETE
NAME	Nolte, Randy A.	
STREET ADDRESS	3325 Griffin Rd, #287	
CITY - ST - ZIP	Ft. Lauderdale, FL 33312	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	President	☒ Change	☐ Addition
1.2 NAME	Shawn Smith		
1.3 STREET ADDRESS	121-2550 Argentinia Rd		
1.4 CITY - ST - ZIP	MISSISSAUGA Ontario L5N 5R1		
2.1 TITLE	Exec VP + CFO	☒ Change	☐ Addition
2.2 NAME	John Drewry		
2.3 STREET ADDRESS	121-2550 Argentinia Rd		
2.4 CITY - ST - ZIP	MISSISSAUGA Ontario L5N 5R1		
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	LS		
4.4 CITY - ST - ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS	100003099231--6		
5.4 CITY - ST - ZIP	-01/14/00--01076--023 *****908-75 *****908-75		
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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: PER: [Signature] JOHN DREWRY NOV 26/99 905 819-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CHIEF FINANCIAL OFFICER

CR2E034 (11/98)