

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S79421** (1)

1. Corporation Name
ANPELET, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 10:47

Principal Place of Business

2655 MCCORMICK DR.
CLEARWATER FL 34619
US

Mailing Address

2655 MCCORMICK DR.
CLEARWATER FL 34619
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/09/1991

3a. Date of Last Report

11/18/1994

4. FEI Number

59-3122206

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

ATKINSON, LEE
% TEW ZINOBAR, BARNES, ZIMMET & UNICE
2655 MCCORMICK DR.
CLEARWATER FL 34619

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.

PETER DAVIS

(NOTE: Registered Agent signature required when reappointing)

JAN. 23/95

DYE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME LETROS, TOM
STREET ADDRESS 15 WERTHEIM CT., STE. 308
CITY-ST-ZIP RICHMOND HILL, ONTARIO

TITLE PD
NAME DAVIS, PETER
STREET ADDRESS 15 WERTHEIM CT., STE. 308
CITY-ST-ZIP RICHMOND HILL ONTARIO

TITLE TD
NAME JAKUBCSIK, WILLIAM
STREET ADDRESS 955 WILSON AVE., UNIT 8
CITY-ST-ZIP DOWNSVIEW, ONTARIO M3K 1G1

TITLE D
NAME COLANGELO, MICHELE
STREET ADDRESS 31 FULHAM ST.
CITY-ST-ZIP AGINCOURT, ONTARIO M1S 2A3

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied on this report 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in a statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER DAVIS

JAN. 23/95

(905) 881-4545

Date

Daytime (Area #)