FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

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

95 MAR -7 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S95685 (1)

1. Corporation Name

SEMINOLE INVESTMENTS, INC.

400001426004
-03/10/95--01036--003
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2581 JOHN STR STE 1 MARKHAM ON L6C 1-6 CA	2581 JOHN STR STE 1 MARKHAM ON L6C 1-6 CA

3. Date Incorporated or Qualified: 11/21/1991

3a. Date of Last Report: 02/16/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: NOT APPLICABLE ☐ 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

WIENER, DAVID J.
LEVY, KNEEN, BOYES, WIENER, ET AL
1400 CENTREPARK BLVD., SUITE 1000
W. PALM BEACH FL 33401

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, type 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	DP	1.1 TITLE	← NO LONGER A DIRECTOR OR OFFICER	☒ Change ☐ Addition
NAME	PRESTON, MONIKA	1.2 NAME		
STREET ADDRESS	% 1400 CENTREPARK BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE	D/P	☒ Change ☐ Addition
NAME	PRESTON, JOHN W.S.	2.2 NAME	PRESTON, JOHN W.S.	
STREET ADDRESS	% 1400 CENTREPARK BLVD.	2.3 STREET ADDRESS	1400 CENTREPARK BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	W. PALM BEACH, FL	
TITLE	DSV	3.1 TITLE	S	☒ Change ☐ Addition
NAME	GREEN, ROBERT S.	3.2 NAME	GREEN, ROBERT S.	
STREET ADDRESS	% 1400 CENTREPARK BLVD.	3.3 STREET ADDRESS	1400 CENTREPARK BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	W. PALM BEACH, FL	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
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		

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)(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, added or deleted.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. GREEN

Date: JAN 31/95 Daytime Phone Number: 905-477-9200

0403035 IN