

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Feb 21 1996 8:00 am  
Secretary of State

DOCUMENT # V51145 (3)

1. Corporation Name

COLDAR HOLDINGS CORP.



Principal Place of Business

Mailing Address

% ALLAN EATON  
3655 CUNNINGHAM DRIVE  
RICHMOND B.C. CANADA V6X3N5

% ALLAN EATON  
3655 CUNNINGHAM DRIVE  
RICHMOND B.C. CANADA V6X3N5

2. Principal Place of Business

21 2113 Helm Place

Suite, Apt. #, etc.

2a. Mailing Address

26 2113 Helm Place

Suite, Apt. #, etc.

22 City & State WHISTLER B.C.

27 City & State WHISTLER B.C.

23 Zip VON 1B2 Country CANADA

28 Zip VON 1B2 Country CANADA

9. Name and Address of Current Registered Agent

EATON, ALLAN  
% ALLAN EATON ASSOC.  
10 MOUNTAIN LAUREL RD., BLUE JAY ESTATES  
PALM HARBOR FL 34683

3. Date Incorporated or Qualified

07/16/1992

3a. Date of Last Report

02/14/1995

4. FEI Number

59-3147154

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

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 types are printed in the left margin. Agent and Director signatures are printed in the right margin.

(If Officer) Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME EATON, COLLEEN  
STREET ADDRESS 10 MOUNTAIN LAUREL RD.  
CITY-STATE-ZIP PALM HARBOR FL  
TITLE D  
NAME EATON, ALLAN  
STREET ADDRESS 5811 WESTLAKE DR.  
CITY-STATE-ZIP NEW PORT RICHEY FL 34653

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally Signed by

CR2E034 (12/95)