

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10:31

DOCUMENT # **591632 (5)**
1. Corporation Name
1234 CORPORATION

Principal Place of Business Mailing Address
15 BELAND COURT HAMILTON, ONTARIO, CANADA L8K3 **15 BELAND COURT HAMILTON, ONTARIO, CANADA L8K3**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/18/1978** 3a. Date of Last Report **03/18/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 c/o CANADA TRUST	59-1884473	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27 46 KING ST. E. 3RD FLOOR	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28 HAMILTON, ONTARIO		
Zip	Country		
24	29 L8N 3K7	30 CANADA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLAKE, WALTER R. 1881 UNIVERSITY DRIVE SUITE 202 CORAL SPRINGS FL 33065		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAWHINNEY, GEORGE	1.2 NAME	
STREET ADDRESS	15 BELAND COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	HAMILTON, ONTARIO	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAWHINNEY, ALMA E.	2.2 NAME	
STREET ADDRESS	15 BELAND COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	HAMILTON, ONTARIO	2.4 CITY - ST - ZIP	
} DECEASED.			
} FEB 23/94			
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110 (3769A), 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. 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.

SIGNATURE: George W. Mawhinney MAR 30/95 905-521-2100
DATE: _____