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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90179 043 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 591632

1. Corporation Name
1234 CORPORATION



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

Mailing Address
**N/O CANADA TRUST
 46 KING ST., E., 3RD FLOOR
 HAMILTON ON L8N3K
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/18/1978

2. Principal Place of Business **21** Suite, Apt. #, etc. **22**
 2a. Mailing Address **28** Suite, Apt. #, etc. **27**
 4. FEI Number **59-1884473** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOETZ, JAMES L
 2133 WINKLER AVE #300
 FT MYERS FL 33911**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PDS DECHERT, EVELYN**
 STREET ADDRESS **2555 GOLD CLUB RD, PO BOX 32174**
 CITY-ST-ZIP **HAMILTON ON**

1.1 TITLE Change Addition
 1.2 NAME **PD Augustine, Keith**
 1.3 STREET ADDRESS **Canada Trust, 46 King St., E.**
 1.4 CITY-ST-ZIP **Hamilton, ON L8N 3K7**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME **DST West, Cynthia M.**
 2.3 STREET ADDRESS **Canada Trust, 46 King St., E.**
 2.4 CITY-ST-ZIP **Hamilton, ON L8N 3K7**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 8, 1999
 Date

905 521-2424
 Daytime Phone #

CR2E034-11/98