

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 7 PM 3: 22

DOCUMENT # **854919** (8)
1. Corporation Name
517351 ONTARIO LIMITED INC.

Principal Place of Business Mailing Address
2981 KENNEDY ROAD 2981 KENNEDY ROAD
P O BOX 306 P O BOX 306
AGINCOURT, ONTARIO M1S 3C4 AGINCOURT, ONTARIO M1S 3C4

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2a		12/09/1982		03/14/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		NOT APPLICABLE		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
HOAR, CHARLES VICTOR 228 WALTON HEATH DR. ATLANTIS FL 33462				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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	HOAR, CHARLES VICTOR	1.2 NAME	
	228 WALTON HEATH DR	1.3 STREET ADDRESS	
	ATLANTIS, FL 00000	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY - ST - ZIP	
STREET ADDRESS	STREET ADDRESS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	CITY - ST - ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	3.4 CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY - ST - ZIP	
STREET ADDRESS	STREET ADDRESS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	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 110.07(3)(b), 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.

SIGNATURE: Charles V. Hoar CHARLES V. HOAR JAN 20, 1995 416-291-8417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year