

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

CORPORATION ANNUAL REPORT 1995

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 FEB 14 PM 3:58

DOCUMENT # F94000001888 (6)

1. Corporation Name
 KAYCAN LTD. INCORPORATED

Principal Place of Business: 927 W. WATERLOO RD. AKRON OH 44314
 Mailing Address: 927 W. WATERLOO RD. AKRON OH 44314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1994
 3a. Date of Last Report

2. Principal Place of Business: 21 20 AVENUE "D"
 Suite, Apt. #, etc.:
 City & State: 23 Williston, VT
 Zip: 24 05495 Country: 25
 2a. Mailing Address: 26 20 AVENUE D
 Suite, Apt. #, etc.:
 City & State: 27 Williston, VT
 Zip: 29 05495 Country: 30 U.S.A

4. FEI Number: 34-1649422 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
 GARELLEK, STEVEN
 7000 W. PALMETTO PK. RD. #300
 BOCA RATON FL 33433

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: FL

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, typed or printed name of registered agent and title of agent) (NOTE: Registered Agent signature required when resending)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUBROFSKY, LIONEL
STREET ADDRESS	2505 HALPERN ST.
CITY - ST - ZIP	ST. LAURENT, QUEBEC, CANADA H4S -1N9
TITLE	V
NAME	RAINVILLE, REAL
STREET ADDRESS	2505 HALPERN ST.
CITY - ST - ZIP	ST. LAURENT, QUEBEC, CANADA H4S -1N9
TITLE	ST
NAME	DUBROFSKY, TAMI
STREET ADDRESS	2505 HALPERN ST.
CITY - ST - ZIP	ST. LAURENT, QUEBEC, CANADA H4S -1N9
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 Sections 119.07(2)(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: *Tami Dubrofsky* Tami DUBROFSKY JAN 30/95 802-865-0111
(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR)