

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
May 14 1998 8:00am
Secretary of State

DOCUMENT # F94000004332 (2)

1071052 ONTARIO LIMITED CORP.

c/o JAMES KELLY, C.G.A

Principal Place of Business
487 QUEEN ST. E.
TORONTO ONTARIO CANADA M5A 1T7

Mailing Address
468 QUEEN ST. E.
TORONTO ONTARIO CANADA M5A 1T7

3 Date Incorporated or Qualified 08/22/1994	Date of Last Report 05/01/199
4 FEI Number NOT APPLICABLE	Applied For Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election to Waive Franchise Tax <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		2a. Mailing Address	
26 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
28 City & State		29 City & State	
25 Zip	Country	30 Zip	Country

9. Name and Address of Current Registered Agent

BRUTON REGISTERED AGENTS INC.
4710 NW BOCA RATON BLVD., #101
BOCA RATON FL 33431

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

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 transferring) DATE _____

OFFICERS AND DIRECTORS		13. REGISTERED OFFICERS	
E 1E EET ADDRESS 1-ST-ZIP	P FLUSK, RON 31 BRYANT RD. MARKHAM ONTARIO CANADA L3D-5C4 <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS 1-ST-ZIP	T FLUSK, PAULA 31 BRYANT RD. MARKHAM ONTARIO CANADA L3D-5C4 <input type="checkbox"/> DELETE	12 NAME	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	13 STREET ADDRESS	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	22 NAME	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	23 STREET ADDRESS	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	24 CITY-ST-ZIP	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	32 NAME	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	34 CITY-ST-ZIP	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	42 NAME	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	43 STREET ADDRESS	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	52 NAME	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	53 STREET ADDRESS	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	62 NAME	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	63 STREET ADDRESS	
E 1E EET ADDRESS 1-ST-ZIP	<input type="checkbox"/> DELETE	64 CITY-ST-ZIP	

Handwritten signature/initials

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***185.00

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 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 of this report as an attachment with an address.

SIGNATURE: RONALD V. FLUSK Date: April 24, 98 410-249-7281