

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F94000005497 (2)

1. Corporation Name
1039517 ONTARIO INC.



Principal Place of Business Mailing Address

44-1095 SKYVIEW DR. BURLINGTON ONTARIO CANADA L7P-4W7
4342 Blue Water Place Burlington Ontario Canada L7L1E5

44-1095 SKYVIEW DR. BURLINGTON ONTARIO CANADA L7P-4W7
4342 Blue Water Place Burlington Ontario Canada L7L1E5

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 *None* 26 *None*

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
10/24/1994

4. FEI Number **98-0150150** Applied For Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BRUNTON 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 **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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

PDC RAFTIS, JACK N
14-1095 SKYVIEW DR. 4342 BLUE WATER PLACE L7L1E5
BURLINGTON ONTARIO CANADA L7P-4W7

DELETE

V RAFTIS, JOAN E
14-1095 SKYVIEW DR. 4342 BLUE WATER PLACE L7L1E5
BURLINGTON ONTARIO CANADA L7P-4W7

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 in an attachment with an address.

SIGNATURE: *J. Raftis* **JACK N RAFTIS** *Mar 15 1998* **905 637-8951**

CR2E034 (10/97)