

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

0001044

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90019 031 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F94000005497**  
 1. Corporation Name  
**1039517, ONTARIO INC.**

Principal Place of Business      Mailing Address  
 4342 BLUE WATER PLACE      4342 BLUE WATER PLACE  
 BURLINGTON ONTARIO CANADA L7L1E      BURLINGTON ONTARIO CANADA L7L1E  
 US      US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/24/1994**

21. Principal Place of Business <i>as above</i>	2a. Mailing Address <i>as above</i>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip      Country	28. Zip      Country
25.      25.      25.      25.	29.      29.      29.      29.

4. FEI Number      Applied For  
**98-0150150**      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 the current year Intangible Personal Property Tax.       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 <b>FL</b> 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]*      DATE: **Mar 17, 1999**

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b> <input type="checkbox"/> DELETE
NAME	<b>RAFTIS, JACK N</b>
STREET ADDRESS	<b>4342 BLUE WATER PLACE</b>
CITY-ST-ZIP	<b>BURLINGTON ONTARIO CANADA L7L1E5</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>RAFTIS, JOAN E</b>
STREET ADDRESS	<b>4342 BLUE WATER PLACE</b>
CITY-ST-ZIP	<b>BURLINGTON ONTARIO CANADA L7L1E5</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<input type="checkbox"/> DELETE

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 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]*      DATE: **Mar 17, 1999**      DAYTIME PHONE #: **905-637-8935**

CR2E034 (1.1/98)