

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  
 4342 BLUE WATER PLACE  
 BURLINGTON ONTARIO CANADA L7L1E  
 US

Mailing Address  
 4342 BLUE WATER PLACE  
 BURLINGTON ONTARIO CANADA L7L1E  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 *as above*

2a. Mailing Address  
 26 *as above*

22 Suite, Apt. #, etc.

23 City & State

24 Zip Country

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

4. FEI Number  
**98-0150150**

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 **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 *[Signature]* DATE **Mar 17, 1999**

12. OFFICERS AND DIRECTORS

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