

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

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **F94000006113 (4)**

1. Corporation Name
960121 ONTARIO INC. (c/o A. Havens) *(A. HAVENS)*

Principal Place of Business: **25 GEORGIAN MANOR DR. - Box 2181 COLLINGWOOD ON CANADA L9Y-3Z1**

Mailing Address: **25 GEORGIAN MANOR DR. - Box 2181 COLLINGWOOD ON CANADA L9Y-3Z1**

3. Date Incorporated or Qualified: **11/30/1994** 3a. Date of Last Report: **NEW**

4. FEI Number: **NOT APPLICABLE** 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 has liability for intangible tax under S. 199 (3)(2), Florida Statutes: Yes No

2. Principal Place of Business

21. **25 Georgian Manor Dr**

22. Suite, Apt. #, etc: **Box 2181**

23. City & State: **Collingwood Ontario**

24. City: **L9Y 3Z1** 25. Country: **Canada**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HAVENS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVENS, SUZETTE	1.2 NAME	HAVENS Havens, Suzette
STREET ADDRESS	1133 BEACH AVE	1.3 STREET ADDRESS	1133 Beach Ave
CITY, ST, ZIP	VANCOUVER BC	1.4 CITY, ST, ZIP	Vancouver BC
TITLE	D HAVENS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVENS, LEEANNE	2.2 NAME	HAVENS Havens, Leeanne
STREET ADDRESS	225 MASON MACKENZIE DR	2.3 STREET ADDRESS	225 Mason MacKenzie Drive
CITY, ST, ZIP	RICHMOND HILL OMT	2.4 CITY, ST, ZIP	Richmond Hill ON
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVENS, ANNETTE	3.2 NAME	
STREET ADDRESS	25 GEORGIAN MANOR DR, BOX 2181	3.3 STREET ADDRESS	
CITY, ST, ZIP	COLLINGWOOD OMT L9Y-3Z1	3.4 CITY, ST, ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVENS, PHILIP	4.2 NAME	
STREET ADDRESS	GEORGIAN MANOR DR	4.3 STREET ADDRESS	
CITY, ST, ZIP	COLLINGWOOD OMT L9Y	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LW 4-13-95**