

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006113 (4)**

1. Corporation Name  
**960121 ONTARIO INC.**



Principal Place of Business Mailing Address  
**25 GEORGIAN MANOR DR.  
COLLINGWOOD ON CANADA L9Y 3Z1**      **25 GEORGIA MANOR DR.  
BOX 2181  
COLLINGWOOD, ONTARIO CA L9Y3Z-1  
CA**

2. Principal Place of Business 2a. Mailing Address  
21. State, Apt. #, etc. 26. Subj. Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 29. Country 30. Country

3. Date Incorporated or Qualified **11/30/1994** 3a. Date of Last Report **04/13/1995**  
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. 199.032, Florida Statutes  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 607.1502, 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. Thereby accept the appointment as registered agent. I am authorized to, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAVENS, SUZETTE</b>	
STREET ADDRESS	<b>1133 BEACH AVE</b>	
CITY-STATE-ZIP	<b>VANCOUVER BC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAVENS, LEEANNE</b>	
STREET ADDRESS	<b>225 MASON MACKENZIE DR</b>	
CITY-STATE-ZIP	<b>RICHMOND HILL OMT</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HAVENS, ANNETTE</b>	
STREET ADDRESS	<b>25 GEORGIAN MANOR DR, BOX 2181</b>	
CITY-STATE-ZIP	<b>COLLINGWOOD OMT L9Y-3Z1</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>HAVENS, PHILIP</b>	
STREET ADDRESS	<b>GEORGIAN MANOR DR</b>	
CITY-STATE-ZIP	<b>COLLINGWOOD OMT L9Y</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-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 119.07(3)(k), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Suzette Havens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 5 1996* 705 445 2671  
Date Filing Phone #

CR2E034 (12/95)