

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L43547 (3)**

1. Corporation Name

PHOENIX A.G. INTERNATIONAL CORP.



Principal Place of Business

C/O CLIFF BOWDITCH
84 CLARKSON CR.
KANATA, ONTARIO, CANADA K2L-3E2

Mailing Address

C/O CLIFF BOWDITCH
84 CLARKSON CR.
KANATA, ONTARIO, CANADA K2L-3E2

2. Principal Place of Business

21 **4010 BURKHOLM RD**

State Apt. #, etc

22 **MIMS, FL**

City & State

23 **32754-5022**

Zip

Country

25 **USA**

24

2a. Mailing Address

26 **C/O CLIFF BOWDITCH**

State Apt. #, etc

27 **26 CHICKASAW CR**

City & State

28 **KANATA, ONTARIO**

Zip

29 **K2M 1M4**

Country

30 **CANADA**

3. Date Incorporated or Qualified

01/19/1990

3a. Date of Last Report

01/18/1995

4. FEI Number

59-3073799

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

**BOWDITCH, C. F.
8171C SEVERN DR
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name **C. F. BOWDITCH**
82 Street Address (P.O. Box Number is Not Acceptable)
4010 BURKHOLM RD
83
84 City **MIMS** FL 85 Zip Code **32754-5022**

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE **CLIFFORD F. BOWDITCH**

[Signature]

FEB 1 1996

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWDITCH, CLIFF	
STREET ADDRESS	8171 C SEVERN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAHEY, ORVILLE J. C.	
STREET ADDRESS	12 CAMBRIDGE CT, RR #5	
CITY-ST-ZIP	KEMPTVILLE ON	
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	4010 BURKHOLM RD
4. CITY-ST-ZIP	MIMS, FL. 32754-5022
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 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 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.

SIGNATURE: **CLIFFORD F. BOWDITCH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 1 1996 613-591-0229
(Date) (Telephone #)

CR2E034 (12/95)