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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L49935** (4)
1. Corporation Name
GEORGIAN BAY INC.



Principal Place of Business: C/O HAWKINS MICHAEL, P.O. BOX 4136, SARASOTA FL 34230-4136
Mailing Address: C/O HAWKINS MICHAEL, P.O. BOX 4136, SARASOTA FL 34230-4136

3. Date Incorporated or Qualified: 02/08/1990
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business: 21 6440 STONE RIVER ROAD, 22 BRADENTON, FL 34203
2b. Mailing Address: 26 431 GLENBROOK DR., 27 MIDLAND, ONTARIO, 28 L4R 5G4, 29 CANADA, 30

4. FEI Number: 65-0215978
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: HAWKINS MICHAEL, 330 SOUTH PINEAPPLE AVENUE, SUITE 106, SARASOTA FL 34238-7020

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HEACOCK, W. ROSS	1.1 TITLE	
NAME	1003 DOMINION AVE.	1.2 NAME	
STREET ADDRESS	MIDLAND, ONT., CANADA	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D HEACOCK, REBECCA	2.1 TITLE	
NAME	1003 DOMINION AVE.	2.2 NAME	
STREET ADDRESS	MIDLAND, ONT., CANADA	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D JURMAIN, JOSEPH	3.1 TITLE	
NAME	314 FIFTH STREET	3.2 NAME	
STREET ADDRESS	MIDLAND, ONT., CANADA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	ST JURMAIN, KAREN	4.1 TITLE	
NAME	314 FIFTH STREET	4.2 NAME	
STREET ADDRESS	MIDLAND, ONT., CANADA	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	V BLACKWELL, JAMES	5.1 TITLE	
NAME	MIDLAND POINT	5.2 NAME	
STREET ADDRESS	MIDLAND, ONT., CANADA	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D BLACKWELL, PAMELA	6.1 TITLE	
NAME	MIDLAND POINT	6.2 NAME	
STREET ADDRESS	MIDLAND, ONT., CANADA	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAR 5/97
705-528-6000
1206

CR2E034 (9/96)