


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90035 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L49935

1. Corporation Name
GEORGIAN BAY INC.



Principal Place of Business 6440 STONE RIVER RD. P.O. BOX 4136 BRADENTON FL 34203 US	Mailing Address 431 GLENBROOK DR. P.O. BOX 4100 MIDLAND ON L4R5G ## CANADA
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1990

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. 431 GLENBROOK DR.
23. City & State	27. Suite, Apt. #, etc.
24. Zip	28. MIDLAND, ON
25. Country	29. Zip
	30. CANADA

4. FEI Number 65-0215978	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HAWKINS MICHAEL
330 SOUTH PINEAPPLE AVENUE
SUITE 106
SARASOTA FL 34236-7020

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURMAIN, JOSEPH	1.2 NAME	
STREET ADDRESS	314 FIFTH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND, ONT., CANADA	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURMAIN, KAREN	2.2 NAME	
STREET ADDRESS	314 FIFTH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND, ONT., CANADA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, JAMES	3.2 NAME	
STREET ADDRESS	MIDLAND POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND, ONT., CANADA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, PAMELA	4.2 NAME	
STREET ADDRESS	MIDLAND POINT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND, ONT., CANADA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *JOSEPH JURMAIN* Date: *Mar. 9/99* Daytime Phone #: *705-528-6000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00000004-14100