

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03945** (3)

1. Corporation Name
554752 ONTARIO, LTD., INCORPORATED

Principal Place of Business: **2300 YONGE ST. STE 503 TORONTO, ONTARIO M2J-4G8 CANADA M4P1E US**
Mailing Address: **2300 YONGE ST. STE 503 TORONTO, ONTARIO M2J-4G8 CANADA M4P1E US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/05/1984**
3a. Date of Last Report: **02/23/1994**
4. FEI Number: **NOT APPLICABLE**
Applied For: 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. 195.032, Florida Statutes: Yes No

2. Principal Place of Business: **SUITE 21 25 SHEPPARD AVE WEST 700**
2a. Mailing Address: **SUITE 26 SUITE 700**
22. City & State: **NORTH YORK ONTARIO**
27. City & State: **25 SHEPPARD AVE WEST**
23. City & State: **CANADA**
28. City & State: **NORTH YORK ONTARIO**
24. Zip: **M2N 6S6**
25. Country: **CANADA**
29. Zip: **M2N 6S6**
30. Country: **CANADA**

9. Name and Address of Current Registered Agent
**NEWBURGH, STEVEN
3081 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308**

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 _____ DATE _____
Signature based on printed name of registered agent and form of application. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORMIER, BERNARD	1.2 NAME	
STREET ADDRESS	2883 BLOOR STREET WEST	1.3 STREET ADDRESS	
CITY, ST, ZIP	TORONTO ONTARIO CAN.	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORMIER, BERNICE	2.2 NAME	
STREET ADDRESS	2883 BLOOR STREET WEST	2.3 STREET ADDRESS	
CITY, ST, ZIP	TORONTO ONTARIO CAN.	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		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 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **BERNARD CORMIER** FEBRUARY 1, 1995
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT
416 225 8730
T. R. KRONIS (SOLICITOR)