

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

**FILED**  
**Jan 30 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 # P03945 (3)**

1. Corporation Name  
**554752 ONTARIO, LTD., INCORPORATED**



Principal Place of Business: **25 SHEPPARD AVE WEST SUITE 700 NORTH YORK ON M2N6S6 US**  
 Mailing Address: **25 SHEPPARD AVE W SUITE 700 NORTH YORK ON M2N6S6**

3. Date Incorporated or Qualified: **11/05/1984**  
 3a. Date of Last Report: **07/03/1996**  
 4. FEI Number: **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

2. Principal Place of Business: **SUITE 700 25 SHEPPARD AVE WEST NORTH YORK ONTARIO CANADA**  
 2a. Mailing Address: **SUITE 700 25 SHEPPARD AVE WEST NORTH YORK ONTARIO**  
 22. City & State: **CANADA**  
 23. Zip: **M2N6S6** 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  
 85 Zip Code **FL**

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CORMIER, BERNARD</b>	
STREET ADDRESS	<b>2883 BLOOR STREET WEST</b>	
CITY-ST-ZIP	<b>TORONTO ONTARIO CAN.</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CORMIER, BERNICE</b>	
STREET ADDRESS	<b>2883 BLOOR STREET WEST</b>	
CITY-ST-ZIP	<b>TORONTO ONTARIO CAN.</b>	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 REQUIRED** **BERNARD CORMIER - JAN. 8, 1996**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**TORONTO ONTARIO J. KRONIS (SOLICITOR) 416-225-8750**  
**PRESIDENT** Date Daytime Phone #  
 0529042

CR2E034 (9/96)