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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathum Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **POS448**
 1. Corporation Name: **MULTI FITTINGS CORPORATION**

Principal Place of Business: **1055 WILTON GROVE RD LONDON. ONTARIO. CANADA N6A 4K3**
 Mailing Address:

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt # etc	26. Suite, Apt #, etc
22. City & State	27. City & State
24. ZIP	25. COUNTRY
28. ZIP	30. COUNTRY

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/27/1985	3a. Date of Last Report 02/04/94
4. FEI Number 74-1794081	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 has liability for intangible tax under S. 199 (3)(2), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION, FL 33324**

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: _____ (ATL)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	VP	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	PICKERING, LEONARD N	11.2 NAME	700001482957
11.3 STREET ADDRESS	403 CASTLEGROVE PIKE	11.3 STREET ADDRESS	-05/10/95--01079--024
11.4 CITY, ST, ZIP	LONDON, ONTARIO CANADA	11.4 CITY, ST, ZIP	****200.00 ****200.00
11.5 TITLE	T/SLD	11.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME	TIPLADY, RONALD D	11.6 NAME	
11.7 STREET ADDRESS	47 CAPITAL PLACE	11.7 STREET ADDRESS	
11.8 CITY, ST, ZIP	LONDON, ONTARIO, CANADA	11.8 CITY, ST, ZIP	
11.9 TITLE	P/D	11.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME	DURHAM, DAVID H	11.10 NAME	
11.11 STREET ADDRESS	RR #1, IOWA STATION	11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	ONTARIO CANADA	11.12 CITY, ST, ZIP	
11.13 TITLE		11.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME		11.14 NAME	
11.15 STREET ADDRESS		11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP		11.16 CITY, ST, ZIP	
11.17 TITLE		11.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME		11.18 NAME	
11.19 STREET ADDRESS		11.19 STREET ADDRESS	
11.20 CITY, ST, ZIP		11.20 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 liquidator empowered to execute the 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

APRIL 24 95 1.800.265-1815