

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P05448** (6)

1. Corporation Name  
**MULTI FITTINGS CORPORATION**



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

2. Principal Place of Business  
21 **50 Valleybrook Drive**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Don Mills, Ontario**  
Zip Country  
24 **M3B 2S9** 25 **Canada**

2a. Mailing Address  
26 **50 Valleybrook Drive**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Don Mills, Ontario**  
Zip Country  
29 **M3B 2S9** 30 **Canada**

3. Date Incorporated or Qualified: **03/27/1985**  
3a. Date of Last Report: **01/25/1995**  
4. FEI Number: **74-1794081**  
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  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PICKERING, LEONARD N.</b>	
STREET ADDRESS	<b>403 CASTLEGROVE PLACE</b>	
CITY-ST-ZIP	<b>LONDON, ONTARIO</b>	
TITLE	<b>TSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TIPLADY, RONALD D.</b>	
STREET ADDRESS	<b>47 CONIFER PLACE</b>	
CITY-ST-ZIP	<b>LONDON, ONTARIO</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DURHAM, DAVID H.</b>	
STREET ADDRESS	<b>R.R. #1 IONA STATION</b>	
CITY-ST-ZIP	<b>ONTARIO, CANADA</b>	
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	<b>CEO/C/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Thomas Evald Torokvei</b>	
1.3 STREET ADDRESS	<b>Ipex Inc., 50 Valleybrook Dr.</b>	
1.4 CITY-ST-ZIP	<b>Don Mills, Ontario M3B 2S9</b>	
2.1 TITLE	<b>COO/P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Paul Joseph Graddon</b>	
2.3 STREET ADDRESS	<b>Ipex Inc., Port of Montreal Bldg. Fl. 1, Wing 3</b>	
2.4 CITY-ST-ZIP	<b>Cite du Havre, Montreal, Quebec H3C 3R5</b>	
3.1 TITLE	<b>V/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Robert G. LaRue</b>	
3.3 STREET ADDRESS	<b>Ipex Inc., 50 Valleybrook Dr.</b>	
3.4 CITY-ST-ZIP	<b>Don Mills, Ontario M3B 2S9</b>	
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>W. Bruce Clark</b>	
4.3 STREET ADDRESS	<b>Cassels Brock &amp; Blackwell, Ste. 210, 40 King St.W</b>	
4.4 CITY-ST-ZIP	<b>Toronto, Ontario M5H 3C2</b>	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert G. LaRue* Robert G. LaRue, Vice President Date: **3/15/96** 416-445-3400 Daytime Phone #

CR2E034 (12/95)