

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

FILED

**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05448 (6)
 1. Corporation Name
MULTI FITTINGS CORPORATION



Principal Place of Business 50 VALLEYBROOK DRIVE DON MILLS. ONTARIO CA M3B 2-9 US	Mailing Address 50 VALLEYBROOK DRIVE DON MILLS ON M3B 2 CN
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3. Date Incorporated or Qualified 03/27/1985	3a. Date of Last Report 03/20/1996
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2. Principal Place of Business 21	2a. Mailing Address Attn: W. B. Clark Cassels Brock & Blackwell Suite 2100 40 King St. W. Toronto, Ontario M5H 3C2 Canada
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29

4. FEI Number 74-1784081	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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CECD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOROKVEI, THOMAS EVALD	1.2 NAME	
STREET ADDRESS	IPEX INC., 50 VALLEYBROOK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DON MILLS ON	1.4 CITY-ST-ZIP	
TITLE	COPO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADDON PAUL JOSEPH	2.2 NAME	
STREET ADDRESS	IPEX INC., PRT OF MONTREAL BLDG FL 1, W3	2.3 STREET ADDRESS	
CITY-ST-ZIP	CITE DU HAVRE MO	2.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARUE, ROBERT G.	3.2 NAME	
STREET ADDRESS	IPEX IC., 50 VALLEYBROOK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DON MILLS ON	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, W. BRUCE	4.2 NAME	Clark, W. Bruce, Cassels Brock & Blackwell
STREET ADDRESS	CASSELS BROCK & BLACKWELL, #210, 40 KING	4.3 STREET ADDRESS	Suite 2100, 40 King Street West
CITY-ST-ZIP	TORONTO ON	4.4 CITY-ST-ZIP	Toronto, Ontario M5H 3C2
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	700002100637
STREET ADDRESS		6.3 STREET ADDRESS	-02/28/97--01005--008
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

Handwritten: *J. 27*

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** _____ **JAN. 21, 1997** (416) 869-5367

CR2E034 (9/96)