

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

FILED

**Feb 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 50 VALLEYBROOK DRIVE DON MILLS, ONTARIO CA 938 2-9 US	Mailing Address ATTN: W.B. CLARK CASSELS BROCK & BLACKWELL 40 KING STREET W. SUITE 2100 TORONTO ON M5H -3C2 CN
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 [] Suite, Apt. #, etc.	26 [] Suite, Apt. #, etc.
22 [] City & State	27 [] City & State
23 [] Zip	28 [] Country
24 []	29 []
25 []	30 []

3. Date Incorporated or Qualified 03/27/1985	Applied For Not Applicable
4. FEI Number 74-1794081	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	CECD	<input type="checkbox"/> DELETE
NAME	TOROKVEI, THOMAS EVALD	
STREET ADDRESS	IPEX INC., 50 VALLEYBROOK DR.	
CITY-ST-ZIP	DON MILLS ON	
TITLE	COPO	<input type="checkbox"/> DELETE
NAME	GRADDON PAUL JOSEPH	
STREET ADDRESS	IPEX INC., PRT OF MONTREAL BLDG FL 1, W3	
CITY-ST-ZIP	CITE DU HAVRE MO	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LARUE, ROBERT G.	
STREET ADDRESS	IPEX IC., 50 VALLEYBROOK DR.	
CITY-ST-ZIP	DON MILLS ON	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARK, W. BRUCE	
STREET ADDRESS	CASSELS BROCK & BLACKWELL, #2100, 40 KING	
CITY-ST-ZIP	TORONTO ON M5H -3C2	
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	

3000024244200 Change Addition
-02/09/98--01005--001
***150.00

14. I 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.

CR2E034 (10/97)

TAN 11 1998 (111) 819-5317