

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

FILED
Feb 24 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 # P36320 (0)
 1. Corporation Name
12684 CORPORATION



Principal Place of Business C/O EMIL C. MARQUARDT 400 CLEVELAND ST., SUITE 800 CLEARWATER FL 34615-4003	Mailing Address C/O BARRIE D. ROSE 3108-99 HARBOUR SQ TORONTO, ONTARIO M4S 2H2
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3. Date Incorporated or Qualified 11/15/1991	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 51-0334546	Applied For 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MARQUARDT, EMIL C., JR.
 400 CLEVELAND STREET, SUITE 800
 CLEARWATER FL 34615**

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	PS ROSE, BARRIE D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3108-99 HARBOUR SQ	1.2 NAME	
STREET ADDRESS	TORONTO, ONT., CANADA	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	AS ROSE, JOHN A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28 PEVERIL HILL RD. NO.	2.2 NAME	
STREET ADDRESS	TORONTO, ONT., CANADA	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	AS ROSE, ROBERT A.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	44 S. JOSEPH STREET, STE 2614	3.2 NAME	
STREET ADDRESS	TORONTO, ONT., CANADA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	AS ROSE, PAUL A.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O B. ROSE 3108-99 HARBOUR SQ.	4.2 NAME	
STREET ADDRESS	TORONTO, ONT., CANADA	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARRIE D ROSE
 Date: **Feb 24 1997** Daytime Phone #: **1-416-745-3933**
0528589

CR2E034 (9/96)