

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90169 035 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P36320

1. Corporation Name
12684 CORPORATION



Principal Place of Business C/O EMIL C. MARQUARPT 400 CLEVELAND ST., SUITE 800 CLEARWATER FL 34815-4003	Mailing Address C/O BARRIE D. ROSE 3108-99 HARBOUR SQ TORONTO, ONTARIO M5J 2H2
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/15/1991	
4. FEI Number 51-0334546	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

TITLE	PS	<input type="checkbox"/> DELETE
NAME	ROSE, BARRIE D.	
STREET ADDRESS	3108-99 HARBOUR SQ	
CITY-ST-ZIP	TORONTO, ONT., CANADA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSE, JOHN A.	
STREET ADDRESS	28 PEVERIL HILL RD. NO.	
CITY-ST-ZIP	TORONTO, ONT., CANADA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSE, ROBERT A.	
STREET ADDRESS	44 S. JOSEPH STREET, STE 2614	
CITY-ST-ZIP	TORONTO, ONT., CANADA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSE, PAUL A.	
STREET ADDRESS	C/O B. ROSE 3108-99 HARBOUR SQ.	
CITY-ST-ZIP	TORONTO, ONT., CANADA	
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	

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, with all other like empowered.

SIGNATURE: _____ **(SIGNATURE REQUIRED)** Date: **April 19/99** Daytime Phone #: **905 416 7453333**

CR2E034 (11/98)