

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90045 006 ***150.00

DOCUMENT # P36320

1. Entity Name

12684 CORPORATION

Principal Place of Business

Mailing Address

C/O EMIL C. MARQUARPT
 400 CLEVELAND ST., SUITE 800
 CLEARWATER FL 34815-4003

C/O BARRIE D. ROSE
 3108-99 HARBOUR SQ
 TORONTO, ONTARIO M4J5 2H2

2. Principal Place of Business

3. Mailing Address

EMIL MARQUARDT

BARRIE D ROSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

625 COURT STREET

2100 - 38 AVENUE ROAD

City & State

City & State

CLEARWATER FL

TORONTO ONTARIO

Zip

Country

Zip

Country

33756

USA

M5R 2G3

CANADA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUARDT, EMIL C., JR.
 400 CLEVELAND STREET, SUITE 800
 CLEARWATER FL 34615

Name

EMIL C MARQUARDT, JR.

Street Address (P.O. Box Number is Not Acceptable)

625 COURT STREET, SUITE 800

City

CLEARWATER

FL

Zip Code

33756

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PS <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSE, BARRIE D. | NAME | |
| STREET ADDRESS | 3108-99 HARBOUR SQ | STREET ADDRESS | 2100 - 38 AVENUE ROAD |
| CITY-ST-ZIP | TORONTO, ONT., CANADA | CITY-ST-ZIP | TORONTO ONT. CAN M5R 2G3 |
| TITLE | AS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSE, JOHN A. | NAME | |
| STREET ADDRESS | 28 PEVERIL HILL RD. NO. | STREET ADDRESS | |
| CITY-ST-ZIP | TORONTO, ONT., CANADA | CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSE, ROBERT A. | NAME | |
| STREET ADDRESS | 44 S. JOSEPH STREET, STE 2614 | STREET ADDRESS | |
| CITY-ST-ZIP | TORONTO, ONT., CANADA | CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSE, PAUL A. | NAME | |
| STREET ADDRESS | C/O B. ROSE 3108-99 HARBOUR SQ. | STREET ADDRESS | C/O BARRIE D ROSE 2100-38 AVENUE RD |
| CITY-ST-ZIP | TORONTO, ONT., CANADA | CITY-ST-ZIP | TORONTO ONT. CAN M5R 2G3 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *[Signature]* BARRIE D. ROSE Feb 10/00

416-745-3333

CR2E034 (9/99)