

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38037 (8)

1. Corporation Name
CERTA PROPAINERS LTD. INC.



Principal Place of Business: **1220 VALLEY FORGE RD UNIT 5 VALLEY FORGE PA 19482 US**
Mailing Address: **P.O. BOX 718 VALLEY FORGE PA 19482**

3. Date Incorporated or Qualified: **03/25/1992**
3a. Date of Last Report: **05/30/1995**

2. Principal Place of Business: **21 1140 Valley Forge Road**
22. Suite, Apt. #, etc.:
23. City & State: **Valley Forge, PA**
24. Zip: **19482** Country: **25 USA**

4. FEI Number: **04-3140719**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

Signature, typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHASE, CHARLES E.	
STREET ADDRESS	1252 THOMAS RD	
CITY - ST - ZIP	WAYNE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, WILLIAM	
STREET ADDRESS	17 WADSWORTH CIR	
CITY - ST - ZIP	BRAMPTON, ONT, CANADA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CLEMENTS, PAUL W.	
STREET ADDRESS	R.R. #3	
CITY - ST - ZIP	STOUFFEVILLE, ONT, CAN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, STEVEN S.	
STREET ADDRESS	793 WHITNEY DR	
CITY - ST - ZIP	MISSISSAUGA, ONT, CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, ROBERT	
STREET ADDRESS	45 MASON BLVD.	
CITY - ST - ZIP	TORONTO, ONT, CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAINE, NICHOLAS	
STREET ADDRESS	508A ONTARIO ST	
CITY - ST - ZIP	TORONTO, ONT, CANADA	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rogers, Steven S.
4.3 STREET ADDRESS	868 Melton Drive
4.4 CITY - ST - ZIP	Mississauga, Ontario L4Y 1K8 CANADA
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 do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

2/10/96 (610) 983-9411
Date Daytime Phone #

CR2E034 (12/95)