

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5:24

DOCUMENT # **P92000009922 (5)**

1. Corporation Name

INTELLVEST MANAGEMENT (FLORIDA), INC.

Principal Place of Business

Mailing Address

**ONE CORPORATE DR.
SUITE 525
CLEARWATER FL 34622
US**

**ONE CORPORATE DR.
STE. 525
CLEARWATER FL 34622
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/08/1992

3a. Date of Last Report

03/23/1994

4. FEI Number

59-3153530

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 13535 Feather Sound Dr.

26 13535 Feather Sound Dr.

Suite, Apt. #, etc.
22 Suite 125

Suite, Apt. #, etc.
27 Suite 125

City & State
23 Clearwater, FL

City & State
28 Clearwater, FL

Zip Country
24 34622-5534 25 USA

Zip Country
29 34622-5534 30 USA

9. Name and Address of Current Registered Agent

**BACON, DAVID A
2950 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name Mr. Ralph Tarducci
82 Street Address (P.O. Box Number is Not Acceptable) 1315 Ringing Blvd.
83 Suite 100
84 City Sarasota FL 85 Zip Code 34210

11. Pursuant to the provisions of Sections 607.007 and 607.1600, 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]

Signature (typed or printed name of registered agent or officer)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCBRIDE, ROSS
STREET ADDRESS	130 ALBERT ST., #1500
CITY, ST, ZIP	OTTAWA, ONTARIO
TITLE	VD
NAME	STOOPS, MARK S
STREET ADDRESS	1370 BRIGHTWATERS BLVD.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	STD
NAME	VAUGHAN, CRAIG A
STREET ADDRESS	130 ALBERT ST., #1500
CITY, ST, ZIP	OTTAWA, ONTARIO
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P. James Donnelly.
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 if not accompanied with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Craig A. Vaughan

613-782-2277