

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S07018 (2)

1. Corporation Name
C-G & YULE, INC.



Principal Place of Business: 315 FLAGLER AVENUE NEW SMYRNA BEACH FL 32169
Mailing Address: 315 FLAGLER AVENUE NEW SMYRNA BEACH FL 32169

3. Date Incorporated or Qualified: 10/18/1990
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-3044482
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: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**HOUNSOM, SUSAN
315 FLAGLER AVENUE
NEW SMYRNA BEACH FL**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

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 of the principal officer or director, agent, and best qualified

(If the Registered Agent is being changed, the following)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOPER, A. FRANK	
STREET ADDRESS	1298 WESMAR DRIVE	
CITY-STATE-ZIP	OTTAWA ONTARIO CANAD	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YULE, ETHEL	
STREET ADDRESS	62 ONTARIO ST.	
CITY-STATE-ZIP	THUNDER BAY, ONTARIO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRAHAM, KYLE	
STREET ADDRESS	1873 BARRINGTON ST.	
CITY-STATE-ZIP	GLOUCESTER, ONTARIO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YULE, AMY	
STREET ADDRESS	62 ONTARIO ST.	
CITY-STATE-ZIP	THUNDER BAY, ONTARIO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YULE, JESSIE	
STREET ADDRESS	62 ONTARIO ST.	
CITY-STATE-ZIP	THUNDER BAY, ONTARIO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, F. EVELYN	
STREET ADDRESS	1298 WESMAR DRIVE	
CITY-STATE-ZIP	OTTAWA ONTARIO CANAD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Frank Cooper
President

1 August 1996
(613) 933-2404

CR2E034 (3/96)