

**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 # **S15411 (9)**

1. Corporation Name  
**WEALTH FINANCIAL CORPORATION U.S., INC.**

Principal Place of Business Mailing Address  
**130 ALBERT STREET SUITE 1500 OTTAWA, ONT., CANADA K1P -5G4**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/30/1990** 3a. Date of Last Report **02/24/1994**  
4. FEI Number **59-3073710** 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 Suite, Apt. #, etc. 26 **c/o Intellivest Mgmt., Inc.**  
22 City & State 27 **13535 Feather Sound Dr., #125**  
23 Zip Country 28 **Clearwater, FL**  
24 25 29 **34622** 30 **USA**

9. Name and Address of Current Registered Agent  
**BACON, DAVID A., ESQUIRE  
2959 FIRST AVE. NORTH  
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent  
81 Name **E. Ralph Tirabassi**  
82 Street Address (P.O. Box Number is Not Acceptable) **Ferguson, Skipper, et al**  
83 **1515 Ringling Blvd., #1000**  
84 City **Sarasota, FL** 85 Zip Code **34230**

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 *E. Ralph Tirabassi*  
Signature, typed or printed name of registered agent, and date of registration (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>
NAME	<b>MCBRIDE, ROSS</b>
STREET ADDRESS	<b>130 ALBERT STREET, SUITE 1500</b>
CITY - ST - ZIP	<b>OTTAWA, ONTARIO, CAN</b>
TITLE	<b>STD</b>
NAME	<b>VAUGHAN, CRAIG A.</b>
STREET ADDRESS	<b>130 ALBERT STREET, SUITE 1500</b>
CITY - ST - ZIP	<b>OTTAWA, ONTARIO, CAN</b>
TITLE	<b>DP</b>
NAME	<b>DONNELLY, P. JAMES</b>
STREET ADDRESS	<b>130 ALBERT STREET, SUITE 1500</b>
CITY - ST - ZIP	<b>OTTAWA, ONTARIO, CAN</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 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 hereof, or on an attachment with an address.

SIGNATURE: *P. James Donnelly* **P. James Donnelly** 3/20/95 613-782-2277  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR Date Expires (If any)