

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 04 1996 8:00 am**  
Secretary of State

**DOCUMENT # S15411 (9)**

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



Principal Place of Business: **130 ALBERT STREET SUITE 1500 OTTAWA, ONT., CANADA K1P 5G4**  
Mailing Address: **C/O INTELLIVEST MGMT., INC. 13535 FEATHER SOUND DR. SUITE 125 CLEARWATER FL 34622 US**

3. Date Incorporated or Qualified: **11/30/1990**  
3a. Date of Last Report: **04/03/1995**  
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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 235 Stafford Road West**  
Suite, Apt. #, etc.: **26 Suite, Apt. #, etc. c/o Sterling Management, Inc.**  
**22 Suite 103**  
City & State: **27 1301 Seminole Blvd., #172**  
City & State: **28 Largo, FL**  
**23 Nepean, Ontario**  
Zip: **29 34640** Country: **30 USA**  
**24 K2H 9C1** **25 Canada**

9. Name and Address of Current Registered Agent  
**E. RALPH TIRABASSI  
FERGESON, SKIPPER, ET AL  
1515 RINGLING BLVD. #1000  
SARASOTA FL 34230**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, ROSS	1.2 NAME	
STREET ADDRESS	130 ALBERT STREET, SUITE 1500	1.3 STREET ADDRESS	235 Stafford Road West, #103
CITY- ST- ZIP	OTTAWA, ONTARIO, CAN	1.4 CITY- ST- ZIP	Nepean, Ontario K2H 9C1 Canada
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, CRAIG A.	2.2 NAME	
STREET ADDRESS	130 ALBERT STREET, SUITE 1500	2.3 STREET ADDRESS	235 Stafford Road West, #103
CITY- ST- ZIP	OTTAWA, ONTARIO, CAN	2.4 CITY- ST- ZIP	Nepean, Ontario K2H 9C1 Canada
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, P. JAMES	3.2 NAME	
STREET ADDRESS	130 ALBERT STREET, SUITE 1500	3.3 STREET ADDRESS	235 Stafford Road West, #103
CITY- ST- ZIP	OTTAWA, ONTARIO, CAN	3.4 CITY- ST- ZIP	Nepean, Ontario K2H 9C1 Canada
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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)(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 of this report, or on an attachment with an address.

SIGNATURE: **Craig A. Vaughan** 3/7/96 613-721-1772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)