

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P05448** (6)  
1. Corporation Name  
**MULTI FITTINGS CORPORATION**



Principal Place of Business <b>50 VALLEYBROOK DRIVE DON MILLS, ONTARIO CA M3B 2-9 US</b>	Mailing Address <b>50 VALLEYBROOK DRIVE DON MILLS ON M3B 2 CN</b>
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2. Principal Place of Business		2a. Mailing Address <b>Attn: W. B. Clark</b>		3. Date Incorporated or Qualified <b>03/27/1985</b>	3a. Date of Last Report <b>03/20/1996</b>
21. Suite, Apt. #, etc.	26. <b>Cassels Brock &amp; Blackwell</b>	4. FEI Number <b>74-1794081</b>		Applied For Not Applicable	
22. City & State	27. <b>40 King St. W.</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. <b>Toronto, Ontario</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. <b>M5H 3C2</b>	30. <b>Canada</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		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 <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CECD</b>	1.1 TITLE	
NAME	<b>TOROKVEI, THOMAS EVALD</b>	1.2 NAME	
STREET ADDRESS	<b>IPEX INC., 50 VALLEYBROOK DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DON MILLS ON</b>	1.4 CITY-ST-ZIP	
TITLE	<b>COPD</b>	2.1 TITLE	
NAME	<b>GRADDON PAUL JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>IPEX INC., PRT OF MONTREAL BLDG FL 1, W3</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CITE DU HAVRE MO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VTD</b>	3.1 TITLE	
NAME	<b>LARUE, ROBERT G.</b>	3.2 NAME	
STREET ADDRESS	<b>IPEX IC., 50 VALLEYBROOK DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DON MILLS ON</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	
NAME	<b>CLARK, W. BRUCE</b>	4.2 NAME	<b>Clark, W. Bruce, Cassels Brock &amp; Blackwell</b>
STREET ADDRESS	<b>CASSELS BROCK &amp; BLACKWELL, #210, 40 KING</b>	4.3 STREET ADDRESS	<b>Suite 2100, 40 King Street West</b>
CITY-ST-ZIP	<b>TORONTO ON</b>	4.4 CITY-ST-ZIP	<b>Toronto, Ontario M5H 3C2</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ DATE: **JAN. 21, 1997** DAYTIME PHONE: **(416) 869-5367**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

0620032

CR2E034 (9/96)