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FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000000607 (2)

1. Corporation Name
136401 CANADA INC.



Principal Place of Business
9 WICK CRESCENT
GLOUCESTER, ONTARIO CANADA K1J -7H1

Mailing Address
9 WICK CRESCENT
GLOUCESTER, ONTARIO CANADA K1J -7H1

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1993	
21. 9 Wick Crescent	26. P.O. Box 46069	4. FEI Number 52-1814359		Applied For Not Applicable	
22. Gloucester Ont.	27. 2389 Ogilvie Rd.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. K1J 7H1	28. Gloucester, Ont. Canada	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. K1J 9M7		30. Country	
9. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS INC. 4710 N.W. BOCA RATON BLVD., #101 BOCA RATON FL 33431				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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLAY, G. WILLIAM Deceased	1.2 NAME	
STREET ADDRESS	9 WICK CRESCENT	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLOUCESTER, ONTARIO CANADA K1J -JH1	1.4 CITY-ST-ZIP	
TITLE	VCVP President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLAY, THERESE	2.2 NAME	
STREET ADDRESS	9 WICK CRESCENT	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLOUCESTER, ONTARIO CANADA K1J -JH1	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLAY PARENT, DEBORAH	3.2 NAME	
STREET ADDRESS	1356 FALLINGBROOK RIDGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLEANS, ONTARIO, CANADA K4A -2A8	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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

Deborah Finlay 2/11/98

CR2E034 (10/97)