

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 297661 (1)

1. Corporation Name

297661 FLORIDA, INC.



Principal Place of Business

Mailing Address

% DEVTEK CORPORATION
100 ALLSTATE PARKWAY SUITE 500
MARKHAM ONTARIO CANADA L3R6H-3

% DEVTEK CORPORATION
100 ALLSTATE PARKWAY SUITE 500
MARKHAM ONTARIO CANADA L3R6H-3

3. Date Incorporated or Qualified
10/13/1965

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRIEN, THOMAS G. III
% STEELE HECTOR & DAVIS
777 SOUTH FLAGLER DRIVE, SUITE 1900W
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 for purposes of this filing and the applicable

(If not, Registered Agent's signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RENNER, JAMES N
STREET ADDRESS 3453 SAWMILL VALLEY DRIVE
CITY-ST-ZIP MARKHAM ONTARIO CANADA L3R6H-3

TITLE SD
NAME KINGSBURGH, M. G.
STREET ADDRESS 31 WARLOCK CRESCENT
CITY-ST-ZIP MARKHAM ONTARIO CANADA L3R6H-3

TITLE T
NAME RODEN, RODGER
STREET ADDRESS 52 CHUDLEIGH AVE.
CITY-ST-ZIP TORONTO ONTARIO CANADA M4R1T-3

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER ANDREWS

18 July 96

905-477-6861

CR2E034 (3/96)