

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 408428 (1)
 1. Corporation Name
LIFEFLEET SOUTHEAST, INC.

Principal Place of Business 12490 ULMERTON ROAD LARGO FL 34644 US	Mailing Address 3221 N. SERVICE ROAD BURLINGTON, ONTARIO CANADA L7R
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3. Date Incorporated or Qualified 07/15/1973	3a. Date of Last Report 09/10/1996
4. FEI Number 59-1395439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2821 S. Parker Rd. Suite, Apt #, etc. 22 Suite 1000 City & State 23 Aurora, Colorado Zip 24 80014 Country 25 USA	2a. Mailing Address 26 2821 S. Parker Rd. Suite, Apt #, etc. 27 Suite 1000 City & State 28 Aurora, Colorado Zip 29 80014 Country 30 USA
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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 DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAINGER, JOHN R		1.2 NAME	
STREET ADDRESS 120 MAPLEWOOD ROAD		1.3 STREET ADDRESS	
CITY - ST - ZIP MISSISSAUGA, ONTARIO L5G 5M6		1.4 CITY - ST - ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITE, DAVID A		2.2 NAME	
STREET ADDRESS 2144 VIA TEMP		2.3 STREET ADDRESS	
CITY - ST - ZIP CARDIFF CA 92007		2.4 CITY - ST - ZIP	
TITLE VPFO	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORSAYETH, MICHAEL		3.2 NAME	
STREET ADDRESS 41 KAPPELE AVENUE		3.3 STREET ADDRESS	
CITY - ST - ZIP TORONTO, ONTARIO M4N 2Z2		3.4 CITY - ST - ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BYRNE, ROBERT H		4.2 NAME	
STREET ADDRESS 2049 GORDIE TAPP CIRCLE		4.3 STREET ADDRESS	
CITY - ST - ZIP BURLINGTON, ONTARIO L7M 3T9		4.4 CITY - ST - ZIP	
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUMPHRIES, J. BOB		5.2 NAME	
STREET ADDRESS 501 E. KENNEDY BLVD., #1700		5.3 STREET ADDRESS	
CITY - ST - ZIP TAMPA FL 33602		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	

Secretary
Cottick, William R.
3221 N. Service Road
Burlington, Ontario L7R 3Y8

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 in an attachment with an address.

SIGNATURE: _____ **SIGNATURE REQUIRED** **04/20/97** **(905) 336-1800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)