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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 591632

(5)

1234 CORPORATION

FILED Apr 07 1998 8:00am Secretary of State

Principal Place of Business 15 BELAND COURT HAMILTON.ONTARIO.CANADA LBK3		Mailing Address N/O CANADA TRUST 46 KING ST., E., 3RD FLOOR		DO NOT WRITE IN THIS SPACE		
		HAMILTON ON LBN (1) CA	3 67		3. Date Incorporated or Qualified 10/18/1978	IN THIS SPACE
21	lace of Business	2a. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 59-1884473	Applied For Not Applicable
Suite, Apt. #, etc. 22 City & State		27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7(p 29	Count	у 	This corporation owes or has pa Personal Property Tax due June	30 Yes No
	9. Name and Address of Curre	nt Registered Agent		T N	10. Name and Address of New Re	gistered Agent
	DETZ, JAMES L		B	I Name		
	33 WINKLER AVE #300 MYERS FL 33911		8:	I	dress (P.O. Box Number is Not Acceptat	ole)
ļ			8:	3		
			84	City		FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607.1508, Florida Sta e of Florida. Such change wa jations of, Section 607.0505,	itutes, the abor as authorized t Florida Statute	ve-named co by the corpor es.	rporation submits this statement for the pration's board of directors. I hereby accept	ourpose of changing its registered pt the appointment as registered
SIGNATURE		·	Ser Barre			DAYE
12.	Signature, typod or printed name of implanted A	(POT DIRECTORS	13.	gent signature req	julred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	PDS	DELETE.	1.1 TITLE		ADDITIONS/EFFANGES TO OFFIC	Change Addition
NAME	DECHERT, EVELYN		1.2 NAME	1		
STREET ADDRESS 2555 GOLD CLUB RD, PO B CITY-ST-ZIP HAMILTON ON		OX 32174		T ADDRESS		
		1		ST-ZIP		\
TITLE	TO AND TO TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	DELETE	2.1 TITLE	D1-E4		Change Addition
NAME			2.2 NAME			
STREET ADDRESS				1 ADDRESS		•
CITY-ST-ZIP			2. 4 CITY			·
TITLE		DELETE	3.1 TOTLE			Change Addition
NAME			3.2 NAME			}
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	ST-ZIP		İ
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY -	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY-SI-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	T ADDRESS		ì
CITY-ST-ZIP			6.4 City-	ST-ZIP		

4. 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 open additional with an additional statutes.

SIGNATURE

Warch 25/98 905-845-7