

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **630385** (3)

1. Corporation Name
PEACE RIVER LANDING, INC.



Principal Place of Business: **P.O. BOX 363 KLEINBURG, ONT., CAN LOJCO**
 Mailing Address: **P.O. BOX 363 KLEINBURG, ONT., CAN LOJCO**

2. Principal Place of Business (21) Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25
 2a. Mailing Address (26) Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified: **07/23/1979**
 3a. Date of Last Report: **03/03/1995**
 4. FEI Number: **NOT APPLICABLE**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**EMERICH, GUY S., ESQ.
 115 WEST OLYMPIA AVENUE
 PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent
 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 607.0507 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: _____ DATE: _____
 (Signature of Registered Agent) (Date of Appointment)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VROOM, HENK	1.2 NAME	
STREET ADDRESS	99 WAYMAN HTS	1.3 STREET ADDRESS	
CITY, ST, ZIP	WOODBIDGE, ONT, L4L 2P6	1.4 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUDER, GORDON	2.2 NAME	
STREET ADDRESS	9 HARCOURT DRIVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	GUELPH, ONT, N1G 1T7	2.4 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMPH, JAKE	3.2 NAME	
STREET ADDRESS	11 LATONIA DRIVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	REXDALE, ONT, M9W 2J1	3.4 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUDER, G.R.	4.2 NAME	
STREET ADDRESS	1772 DUNKIRD CR.	4.3 STREET ADDRESS	
CITY, ST, ZIP	OTTAWA, ONT, K1H 5T4	4.4 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VROOM, BERNARD	5.2 NAME	
STREET ADDRESS	4325 GULF OF MEXICO DRIVE, APT. 101	5.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL 34236	5.4 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VROOM, JIM	6.2 NAME	
STREET ADDRESS	P.O. BOX 363 N/A	6.3 STREET ADDRESS	
CITY, ST, ZIP	KLEINBURG, ONT, LOJ 1C0	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied to 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached statement with an address.

SIGNATURE: **HENK VROOM**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

905-856-3231
 Business Phone

CR2E034 (12/95)