

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

**FILED**

**May 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 667415 (4)**

1. Corporation Name  
**H INVESTMENTS, INC.**



Principal Place of Business <b>% HATCH INVESTMENTS LTD. P.O. BOX 746 STATION O TORONTO, ONTARIO CA M4T-2N5</b>	Mailing Address <b>% HATCH INVESTMENTS LTD. P.O. BOX 746 STATION O TORONTO, ONTARIO CA M4T-2N5</b>
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3. Date Incorporated or Qualified <b>04/22/1980</b>	3a. Date of Last Report <b>03/13/1996</b>
4. FEI Number <b>59-2000040</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <b>% HATCH INVESTMENTS LTD.</b>	2a. Mailing Address 26. <b>% HATCH INVESTMENTS LTD.</b>
Suite, Apt. #, etc. 22. <b>22 ST. CLAIR AVE. E. #1700</b>	Suite, Apt. #, etc. 27. <b></b>
City & State 23. <b>TORONTO ONTARIO</b>	City & State 28. <b></b>
Zip 24. <b>M7T 2S3</b>	Country 25. <b>CA</b>
29. <b></b>	30. <b></b>

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HATCH, G.G.	
STREET ADDRESS	22 ST CLAIR AVE, E.#1700	
CITY - ST - ZIP	TORONTO CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HATCH, SHEILA P.	
STREET ADDRESS	22 ST CLAIR AVE, E.#1700	
CITY - ST - ZIP	TORONTO CA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JAVORSKI, L.M.	
STREET ADDRESS	22 ST CLAIR AVE, E.#1700	
CITY - ST - ZIP	TORONTO CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 on an attachment with an address.

SIGNATURE: Sandra Javorski DATE: Apr. 9/97 416 324-8660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)