

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **669737** (9)

95 MAR -6 AM 9:33

1. Corporation Name  
**345990 FLORIDA INVESTMENTS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**777 S. FLAGLER DR., SUITE 709  
W. PALM BCH. FL 33401-3168**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/12/1980** 3a. Date of Last Report **03/01/1994**

4. FEI Number **59-2002470** 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

2. Principal Place of Business 2a. Mailing Address  
21 State, 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

**RAMPELL, RICHARD  
777 S. FLAGLER DR., SUITE 709  
W. PALM BCH. FL 33401-3168**

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 of registered agent and the corporation

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 PD  
NAME **SIMMONDS, MONTY M.**  
STREET ADDRESS **2 ST. CLAIR AVE. W 1000**  
CITY, ST., ZIP **TORONTO, ONTARIO**

12.2 VD  
NAME **LEVENSTEIN, LAWRENCE**  
STREET ADDRESS **2 ST. CLAIR AVE. W 1000**  
CITY, ST., ZIP **TORONTO, ONTARIO**

12.3  
NAME  
STREET ADDRESS  
CITY, ST., ZIP

12.4  
NAME  
STREET ADDRESS  
CITY, ST., ZIP

12.5  
NAME  
STREET ADDRESS  
CITY, ST., ZIP

12.6  
NAME  
STREET ADDRESS  
CITY, ST., ZIP

13.1 1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

13.2 2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

13.3 3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

13.4 4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

13.5 5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

13.6 6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am not entitled to the exemption stated in Sections 110 (1)(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath by the officer or director of the corporation or trustee empowered to execute this report as required by Chapter 147, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an affidavit with an address.

SIGNATURE: *[Signature]* **L. LEVENSTEIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**FEB 21/95 (416) 967-6706**