

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

CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 669737 (9)

1. Corporation Name
345990 FLORIDA INVESTMENTS, INC.

Principal Place of Business Mailing Address
~~777 S. FLAGLER DR., SUITE 709~~ ~~777 S. FLAGLER DR., SUITE 709~~
~~W. PALM BCH. FL 33401-3188~~ ~~W. PALM BCH. FL 33401-3188~~
122 N. County Rd. 122 N. County Rd.
Palm Beach, FL 33480 Palm Beach, FL 33480

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 05/12/1980 3a. Date of Last Report 03/01/1995
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

9. Name and Address of Current Registered Agent
RAMPPELL, RICHARD
~~777 S. FLAGLER DR., SUITE 709~~ 122 N. County Rd.
~~W. PALM BCH. FL 33401-3188~~ Palm Beach, FL 33480

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 607.0502 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) (BY FILE TO REGISTERED AGENT SIGNATURE REQUIRED WHEN INCORPORATING)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIMMONDS, MONTY M.
STREET ADDRESS	2 ST. CLAIR AVE. W 1000
CITY - ST - ZIP	TORONTO, ONTARIO
TITLE	VD
NAME	LEVENSTEIN, LAWRENCE
STREET ADDRESS	2 ST. CLAIR AVE. W 1000
CITY - ST - ZIP	TORONTO, ONTARIO
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	500001808245
3.3 STREET ADDRESS	-05/06/96--01017--020
3.4 CITY - ST - ZIP	***200.00
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	

5-1-96
JE

14. I do hereby certify that the information supplied with 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 attachment with an address.

SIGNATURE: _____ L. LEVENSTEIN APR 25/96 416 967 6706