SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** 682762 (0)DEVTEK HOLDINGS, INC. Mailing Address Principal Place of Business % DEVIEK CORPORATION 100 ALSTATE PARKWAY SUITE 500 100 ALLSTATE PARKWAY, SUITE 500 MARKHAM ONT. CAN. L3R 6H3 MARKHAM ONT. CANADA LR 6H3 3. Date incorporated or Qualified 3a. Date of Last Report 09/18/1980 02/16/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 98-0045657 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite. Apt. #. etc. 5. Certificate of Status Desired 100 ALLSTATE PARKWAY SUITE \$29 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zıp Zio Yes Mo Florida Statutes 25 29 30 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name O'BRIEN, THOMAS G III % STEELE HECTOR & DAVIS 62 Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DR., SUITE 1900W 83 WEST PALM BEACH FL 33401 84 City 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 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 C:A1E (FaSTE: Registered Agent signature required who increating) Signature, type dior posts of rame of registered inject and stell flappical te-(3/96)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE 1.1 TITLE TITLE CR2E034 KINGSBURGH, M. 1.2 NAME NAME 31 WARLOCK CRESCENT 1.3 STREET ADDRESS STREET ADDRESS WILLOWDALE ON 1.4 CHY+ST ZIP CITY-ST ZIP Change Addition DELETE 2.1 TITLE PD TITLE RENNER, J. 2.2 NAMe NAME 3453 SAWMILL VALLEY DR. 2.3 STREET ADDRESS STREET ADDRESS MISSISSAUGA, ONT. CAND 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition TITLE DELETE 3.1 HILLE RODEN, RODGER 3.2 NAME NAME LONGEL AN OFFICER 52 CHUDLEIGH AVE 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP TORONTO, ONT. CAND CITY-ST-ZIP Change 🔀 Addition DELETE 4.1.1111.6 TITLE ANDREWS 4 2 NAME NAME PETER 4.3 STREET ADDRESS ROAD STREET ADDRESS Q-10 N2L 547 ONTARIO WATERLOO CITY-ST-ZIP 4.4 CITY - S1 - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST. ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY - ST-ZIP 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 1 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 out: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Blook 13 if changed, or on an attachment with an address CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON

PETER ANDREWS 187-LIGH 905-477-6861