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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 824776 (9)

1. Corporation Name
MANEQUITY, INC.

Principal Place of Business
200 BLOOR ST. EAST
TORONTO, ONTARIO
CANADA M4W1E5

Mailing Address
200 BLOOR ST. EAST
TORONTO, ONTARIO
CANADA M4W1E5



3. Date Incorporated or Qualified 07/07/1970
3a. Date of Last Report 02/21/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 84-0600617		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip Country		28. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T CUSHNIE, GEORGE A <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUSHNIE, GEORGE A	1.2 NAME	THOMAS G. REIVE
STREET ADDRESS	180 LORNE SCOTS DRIVE	1.3 STREET ADDRESS	39 GLENDON WYNNE RD.
CITY-ST-ZIP	MILTON ONTARIO	1.4 CITY-ST-ZIP	TORONTO ONTARIO M6P 3E5
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, GARY W	2.2 NAME	
STREET ADDRESS	2857 LUNDEE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA ONTARIO	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, H. BRUCE	3.2 NAME	
STREET ADDRESS	19 ABBEYWOOD TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	DON MILLS, ONTARIO	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, BARBARA C	4.2 NAME	
STREET ADDRESS	10612 GABACHO DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	
TITLE	SEC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELLMAN, BARBARA	5.2 NAME	BRIAN H. BUCKLEY
STREET ADDRESS	44 CHARLES STREET W, APT 1916	5.3 STREET ADDRESS	2 GROVE STREET
CITY-ST-ZIP	TORONTO ONTARIO CA	5.4 CITY-ST-ZIP	MEDWAY, MA 02053
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACGOWAN, JOHN S	6.2 NAME	DOUGLAS H. MYERS
STREET ADDRESS	22 INWOOD MANOR	6.3 STREET ADDRESS	2059 WINDY OAKS DR.
CITY-ST-ZIP	SAN ANTONIO TX	6.4 CITY-ST-ZIP	BURLINGTON ONTARIO L7M 2R8

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: THOMAS G. REIVE 1/24/97 (416) 926-5305
TREASURER
DATE: 1/24/97 DAYTIME PHONE: (416) 926-5305

CR2E034 (9/96)