


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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/07/1970	
4. FEI Number 84-0600617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
85 Zip Code		FL	

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIVE, THOMAS G.	1.2 NAME	
STREET ADDRESS	39 GLENDON WYNNE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO M6	1.4 CITY-ST-ZIP	
TITLE	<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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, H. BRUCE	3.2 NAME	ROY H. BUBBS
STREET ADDRESS	19 ABBEYWOOD TRAIL	3.3 STREET ADDRESS	66 TOLL GATE LANE
CITY-ST-ZIP	DON MILLS, ONTARIO	3.4 CITY-ST-ZIP	AVON CT 06001
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, BARBARA C	4.2 NAME	JOHN D. RICHARDSON
STREET ADDRESS	10612 GABACHO DRIVE	4.3 STREET ADDRESS	11 STONE GATE RD
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	ETOBICOKE, ONTARIO, M8Y 1V6
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, BRIAN H.	5.2 NAME	
STREET ADDRESS	2 GROVE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEDWAY MA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, DOUGLAS H.	6.2 NAME	
STREET ADDRESS	2059 WINDY OAKS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON ONTARIO L7	6.4 CITY-ST-ZIP	

14. I 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

THOMAS G. REIVE 1/28/98 (416) 926-5305

CR2E034 (10/97)