

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **832471** (7)
1. Corporation Name
SPEEDY CAR-X, INC.



Principal Place of Business: **365 BLOOR ST E #1200 TORONTO, ONT., CANADA M42-3**
Mailing Address: **365 BLOOR ST E #1200 TORONTO, ONT., CANADA M42-3**

3. Date Incorporated or Qualified: **06/04/1974**
3a. Date of Last Report: **06/23/1995**
4. FEI Number: **35-1293258**
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 (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: DELETE
NAME: **D EZRIN, HERSCHELL**
STREET ADDRESS: **365 BLOOR ST. EAST, #1200**
CITY-STATE-ZIP: **TORONTO, ONT, CANADA**
TITLE: DELETE
NAME: **VON DER PORTEN, ROBERT**
STREET ADDRESS: **365 BLOOR ST. EAST, #1200**
CITY-STATE-ZIP: **TORONTO, ONT, CANADA M4W -3M7**
TITLE: DELETE
NAME: **DUNAWAY, DAVID**
STREET ADDRESS: **8430 W. BRYN MAWR, #400**
CITY-STATE-ZIP: **CHICAGO IL 60631**
TITLE: DELETE
NAME: **VPAS CIOTTI, MARTIN**
STREET ADDRESS: **8430 W. BRYN MAWR, #400**
CITY-STATE-ZIP: **CHICAGO IL 60631**
TITLE: DELETE
NAME: **S SUTHERLAND, ROBERT**
STREET ADDRESS: **P.O. BOX 41, TORONTO DOMINION CENTRE**
CITY-STATE-ZIP: **TORONTO, ONT, CANADA M5K -1N6**
TITLE: DELETE
NAME: **T ALLEN, MARY JANE**
STREET ADDRESS: **365 BLOOR ST. EAST, #1200**
CITY-STATE-ZIP: **TORONTO, ONT, CANADA M4W -3M7**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11.1 TITLE: Change Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP
2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE: Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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. 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, on an attachment with an address.

SIGNATURE: *Mary Jane Allen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: **(416) 960-1133**

CR2E034 (12/95)