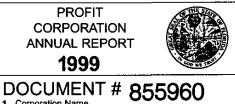
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PROFIT CORPORATION ANNUAL REPORT

1999

Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

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	NAGEMENT INC.								
Principal Plac	e of Business	M	ailing Address				-		
28 MILL ST 28 MILL ST AURORA, ONTARIO L4G 2R9 CANADA CANADA					DO NOT WRITE IN THIS S	PACE			
O' II D' II		•					3. Date Incorporated or Qualifed		
							03/29/1983		
-	Place of Business	2a.	Mailing Address				4. FEI Number		oplied For
21		26	Suite, Apt. #, etc.				59-2272507		Applicable Additional
Suite, Apt.	#, etc.	27	Suite, Apr. #, etc.				5. Certifcate of Status Desired		equired
∠ City & Stat	te	211	City & State -	-			6. Election Campaign Financing	\$5.00	-May Be -
23		28					Trust Fund Contribution		to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year Intar		677.
24	25	29		30			1 diddital (topolity) tall	Yes	⊠No
	9. Name and Address of Currer	nt Regis	stered Agent		81	Name	10. Name and Address of New Registered A	gent	
GAB	RIEL, SAM J.								
	PROSPERITY FARMS RD, #204	ļ.			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		}
PALI	M BCH GDNS FL 33410				83				
					84	Oit.		as Zin	Code
						City	FL		
agent. i a	am familiar with, and accept the obliga	2 and 6 of Floridations of	07.1508, Florida Statut da. Such change was a , Section 607.0505, Flo	es, the all uthorized rida Statu	bove- I by th utes.	named corpo ne corporatior	ration submits this statement for the purpose of cl n's board of directors. I hereby accept the appoint	ment as re	egistered
SIGNATURE									
	Signature, typed or printed name of registered age	nt and title	if applicable. (NOTE	: Registered	Agent a	signature required	when reinstating) DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN		CTORS	13.		signature required	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	OFFICERS AN			13.	TLE	signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
TITLE NAME	OFFICERS AN U BINIONS, GREGORY		CTORS	13. 1.1 TII 1.2 NA	TLE WIE		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS	OFFICERS AN V BINIONS, GREGORY 150 COOK DR.		CTORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE VME REET A	ADORESS	ADDITIONS/CHANGES TO OFFICERS AND		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

905-727-1955