F0000005977

DOCUMENT # 1. Entity Name

FLORIDA ACQUISITION I CORP.

Principal Place of Business

1001 PETROLIA ROAD NORTH YORK, ONTARIO Mailing Address

1001 PETROLIA ROAD NORTH YORK, ONTARIO

CANADA M3J 2X7		CANADA M3J 2X7					11/2) 1912 (A)	})[1]][1]
2. Principal Place of Business 9205 West Atlantic Blvd		3. Mailing Address 1001 Petrolia Road			1 1 1 1 1 1 1 1 1 1 	16 00 150 00 150 00 1500 1500 1500 1500 1500 1500 150	i i i i i i i i i i i i i i i i i i i 	
Suite, Apt. #, etc. Coral Square Mall		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Coral Springs, FL		City & State Toronto, Ontario, Canad			4. FEI Number 91-2098649 Applied For APPLIED FOR Not Applicable			
33071	Country USA	M3J 2X7	Country Canada		5. Certificate of Status Des	ired []	\$8.75 Ad Fee Require	ditional ed
6. Name	e and Address of Current R				7. Name and Address of New Registered Agent			
C T CORPORATION 1200 SOUTH PINE PLANTATION FL 33	ISLAND ROAD	Street Address (F			P.O. Box Number is Not Acceptable)			
			City			FL	Zip Cod	le
8. The above named entity submits this statement for the purpose of changing its registered office or register SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of States.						DATE gn Financing		0 May Be
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11
STREET ADDRESS 1001 PET	tz, samuel j rolia road 'ork, ont., canada	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERK	OVITS, SAMUE	L J.	Change	☐ Addition
STREET ADDRESS 1001 PET	ANU, ANCA ROLIA ROAD ORK, ONT., CANADA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		NTO, ONT., CA		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	المستهددت وم مومون	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE * NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	information supplied with th	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition

indicated on this report or supplemental report of 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 authors and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a raddless with all other like empowered.

SIGNATURE:

第三 常見QUSamuel Jacob Berkovits Mar.26/02 416-665-8844