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Mar 10 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 # **F01450** (8)

1. Corporation Name
NEW CALEDONIA COMPANY

Principal Place of Business
**1200 SHEPPARD AVE. E., STE 106
WILLOWDALE, ONT. M2K 2S5 11861-8028**

Mailing Address
**1200 SHEPPARD AVE. E., STE 106
WILLOWDALE, ONT. M2K 2S5 11861**



3. Date Incorporated or Qualified 10/14/1980		3a. Date of Last Report 04/17/1996	
4. FEI Number 59-2256772		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	

9. Name and Address of Current Registered Agent

**STEARNS, WEAVER, MILLER, WEISSLER,
ALHADEFF & SITTERSON, P.A.
401 E. JACKSON ST., SUITE 2200
TAMPA FL 33601**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, CLIFF	1.2 NAME	
STREET ADDRESS	1616 CULBREATH ISLES DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	VASO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, ARIC	2.2 NAME	
STREET ADDRESS	14 YORK RIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH YORK, ONTARIO	2.4 CITY-ST-ZIP	
TITLE	PSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, SIGMUND	3.2 NAME	
STREET ADDRESS	217 BURBANK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONTARIO M2K1P5	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 28, 1997 (416) 494-3192
Date Daytime Phone #

CR2E034 (9/96)