

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT # F11065
DUNVEGAN DEVELOPMENTS, INC.

Principal Place of Business: c/o Alan Mather, 16 Wilket Road, Toronto, M2L 1N6 CANADA
Mailing Address: c/o Alan Mather, 16 Wilket Road, Toronto, M2L 1N6 CANADA

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: December 9, 1980
4. FEI Number: 592160654
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business: 21 SAME
2a. Mailing Address: 26 SAME
23. City & State: 27
24. Zip: 28 Country: 29

8. Name and Address of Current Registered Agent
Jeffrey A. Levine, P.A.
900 N. Federal Hwy
Suite 380
Boca Raton, Florida 33432

10. Name and Address of New Registered Agent
81 Name: Jeffrey A. Levine, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 4000 N. Federal Highway
83 Suite 201
84 City: Boca Raton FL 85 Zip Code: 33431

In 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] 4/27/98
NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Mather, Alan S.	
STREET ADDRESS	16 Wilket Road	
CITY-ST-DP	Toronto CANADA M2L 1N6	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-DP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-DP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-DP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-DP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-DP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-DP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-DP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-DP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-DP	

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***150.00

I hereby certify that the information submitted with this filing complies with the exemption stated in Section 607.0503, Florida Statutes. I further certify that the information submitted in 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. This is my true and correct signature as the corporation or the receiver or trustee, as required by Chapter 607, Florida Statutes, with full knowledge of the contents of this report and of the attachments thereto.

SIGNATURE: [Signature] President 2/2/98 416-446-0800

CFR2004 (10/97)