


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

FILED
Mar 18 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 # **F14752** (2)
 1. Corporation Name
KON-TIKI DEVELOPMENTS, INC.



Principal Place of Business Mailing Address
~~% JOHN T BERTEAU~~
~~1550 RINGLING BLVD. P.O. BOX 3258~~
~~SARASOTA FL 34236~~
~~% JOHN T BERTEAU~~
~~1550 RINGLING BLVD. P.O. BOX 3258~~
~~SARASOTA FL 34236 6740~~

3. Date Incorporated or Qualified **01/13/1981** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
 21 **c/o John T. Berteau** 26 **c/o John T. Berteau**
 Suite, Apt #, etc. Suite, Apt #, etc.
 22 **200 S. Orange Ave.** 27 **200 S. Orange Ave.**
 City & State City & State
 23 **Sarasota, FL** 28 **Sarasota, FL**
 Zip Country Zip Country
 24 **34236** 25 **USA** 29 **34236** 30 **USA**

4. FEI Number **59-2168577** 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

9. Name and Address of Current Registered Agent
BERTEAU, JOHN T
~~1550 RINGLING BLVD.~~
~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Ave.
 83
 84 City **Sarasota** FL 85 Zip Code **34236**

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLENSEN, WILLIAM	1.2 NAME	
STREET ADDRESS	351 ASCOT PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WATERLOO, ONTARIO, CA	1.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DOROTHY H	2.2 NAME	
STREET ADDRESS	8 CRESCENT ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	KITCHENER, ONTARIO, CA	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLENSEN, SANDRA C	3.2 NAME	
STREET ADDRESS	351 ASCOT PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WATERLOO, ONTARIO, CA	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: William Allensen **WILLIAM ALLENSEN** PRESIDENT **MAR 2/97** 519-747-2983
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)