

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

FILED  
Jan 21 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 # F28588 (4)  
1. Corporation Name  
RESNEX, INC.



Principal Place of Business: 10 BAYTREE CRESCENT NORTH YORK ON M2L 2-3 US  
Mailing Address: 10 BAYTREE CRESCENT NORTH YORK ON M2L 2 G 3 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date incorporated or Qualified: 04/03/1981  
3a. Date of Last Report: 02/07/1996  
4. FEI Number: 59-2133940  
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  
PEACOCK, ROBERT W, JR  
315 EAST ROBINSON, STE. #600  
LANDMARK CENTRE, BLDG. 1  
ORLANDO FL 32801

10. Name and Address of New Registered Agent (81-85) fields.

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> DELETE
NAME	CRAWFORD, HOWARD	
STREET ADDRESS	17 WOODMOUNT DR	
CITY - ST - ZIP	ST CATHARINES, ONT.	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LABERGE, EARL	
STREET ADDRESS	10 BAYTREE CRESCENT	
CITY - ST - ZIP	WILLOWDALE, ONT.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REISS, JOSEPH	
STREET ADDRESS	255 WARREN RD	
CITY - ST - ZIP	ST CATHARINES, ONT.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, HOWARD	
STREET ADDRESS	17 WOODMOUNT DR	
CITY - ST - ZIP	ST CATHARINES, ONT.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Earl Laberge DATE: Jan 8/97 PHONE: 416/226-4886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)