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Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F71244** (0)  
1. Corporation Name  
**COLD SPRINGS VILLAGE, INC.**

Principal Place of Business <b>149 BROCK STREET, P.O. BOX 100 THAMESFORD, ONTARIO NOM 2M0 CANADA</b>	Mailing Address <b>149 BROCK STREET, P.O. BOX 100 THAMESFORD, ONTARIO NOM 2M0 CANADA</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/17/1982</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-2274185</b>	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>OSWALD, DOUGLAS H 21 NORTHEAST FIRST AVENUE P O BOX 1148 OCALA FL 34478</b>				10. Name and Address of New Registered Agent	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	LEROUX, GEORGE D	1.2 NAME	
STREET ADDRESS	149 BROCK ST., BOX 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD ONTARIO	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	BRILEY, G.E.	2.2 NAME	
STREET ADDRESS	149 BROCK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD, ONTARIO NOM-2M0	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	COWAN, THOMAS F	3.2 NAME	
STREET ADDRESS	149 BROCK ST., #BOX 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD, ONTARIO	3.4 CITY-ST-ZIP	
TITLE	VT0	4.1 TITLE	
NAME	BRILLON, M.G.	4.2 NAME	
STREET ADDRESS	149 BROCK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD, ONTARIO NOM-2M0	4.4 CITY-ST-ZIP	
TITLE	VO	5.1 TITLE	
NAME	DULEY, CONSTANCE	5.2 NAME	
STREET ADDRESS	11574 KENNESAW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	5.4 CITY-ST-ZIP	
TITLE	SO	6.1 TITLE	D
NAME	KOEBEL, E.J.	6.2 NAME	MARLING, JOHN
STREET ADDRESS	149 BROCK STREET	6.3 STREET ADDRESS	8911 TIBET BAY DRIVE
CITY-ST-ZIP	THAMESFORD ON	6.4 CITY-ST-ZIP	ORLANDO, FL

14. I 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:

Gary E. Braley

April 14/98

(519) 285-3940

CR2E034 (10/97)