FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F84391** **(4)**

1. Corporation Name

FIRST VENTURE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1200 SHEPARD AVE. E., STE 106 WILLOWDALE, ONTARIO M2K 255 CANADA	1200 SHEPARD AVE. E., STE 106 WILLOWDALE, ONTARIO M2K 255 CANADA

3. Date Incorporated or Qualified: **06/08/1982**

3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2196639** ☐ 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

STEARNS WEAVER MILLER ET AL
401 E JACKSON ST
SUITE 2200
TAMPA FL 33601

10. Name and Address of New Registered Agent

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

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 (Signature, typed or printed name of registered agent and title, if applicable) (Date) (Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, NANCY		1.2 NAME	
STREET ADDRESS	217 BURBANK DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONT, CAN M2K -1P5		1.4 CITY-ST-ZIP	
TITLE	VASD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVY,SIGMUND		2.2 NAME	
STREET ADDRESS	217 BURBANK DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONT, CAN M2K -1P5		2.4 CITY-ST-ZIP	
TITLE	VSTD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVY,CLIFF		3.2 NAME	
STREET ADDRESS	1616 CULBREATH ISLES DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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, added or an attachment with my address.

SIGNATURE: CLIFF LEVY — APRIL 12, 1996 — (813) 251-9365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)