

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

FILED
Feb 17 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 # F93000000607 (2)
1. Corporation Name
136401 CANADA INC.



Principal Place of Business 9 WICK CRESCENT GLOUCESTER, ONTARIO CANADA K1J -7H1	Mailing Address 9 WICK CRESCENT GLOUCESTER, ONTARIO CANADA K1J -7H1
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <i>9 Wick Crescent</i>	26 <i>P.O. Box 46069</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <i>Gloicester Ont</i>	27 <i>2389 Ogilvie Rd.</i>
City & State	City & State
23 <i>K1J 7H1</i>	28 <i>Gloicester, Ont. Canada</i>
Zip	Zip
25	29 <i>K1J 9M7</i>
Country	Country
30	

3. Date Incorporated or Qualified 02/09/1993	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 52-1814359		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS INC. 4710 N.W. BOCA RATON BLVD., #101 BOCA RATON FL 33431	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLAY, G. WILLIAM <i>Deceased</i>	1.2 NAME	
STREET ADDRESS	9 WICK CRESCENT	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLOUCESTER, ONTARIO CANADA K1J -JH1	1.4 CITY-ST-ZIP	
TITLE	VCVP <i>President</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLAY, THERESE	2.2 NAME	
STREET ADDRESS	9 WICK CRESCENT	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLOUCESTER, ONTARIO CANADA K1J -JH1	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLAY PARENT, DEBORAH	3.2 NAME	
STREET ADDRESS	1356 FALLINGBROOK RIDGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLEANS, ONTARIO, CANADA K4A -2A8	3.4 CITY-ST-ZIP	
TITLE		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 _____ DATE *2/11/98*

CR2E034 (10/97)