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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000000607 OK**

1. Corporation Name

136401 Canada Inc.

Principal Place of Business

*9 Wick Cres.
 Gloucester Ont, Canada
 K1J 7H1*

Mailing Address

*P.O. Box 46069
 2339 Ogilvie Rd.
 Gloucester, Ontario
 Canada K1J 9M7*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/9/93

2. Principal Place of Business

21 *9 Wick Cres.
 Suite, Apt. #, etc.
 Gloucester, Ont Canada*

2a. Mailing Address

26 *P.O. Box 46069
 Suite, Apt. #, etc.
 2339 Ogilvie Rd.*

4. FEI Number

52-1814359

Applied For
 Not Applicable

22 City & State

K1J 7H1

27 City & State

Gloucester, Ont Canada

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

*Brunton Registered agents INC,
 4710 N.W. Boca Raton Blvd #101
 Boca Raton, Florida 33431*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME *President Therise Finlay*
 STREET ADDRESS *9 Wick Cres.*
 CITY-ST-ZIP *Gloucester Ont Canada K1J 7H1*

TITLE DELETE
 NAME *Secretary FINLAY Parent Deborah*
 STREET ADDRESS *1356 Hallingbrook Ridge*
 CITY-ST-ZIP *Orleans, Ontario, Canada K4A 7A8*

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Therise Finlay President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 23/99 941-349-3719
 Date Daytime Phone #

CR2E034 (11/98)