

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 12 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/13/95--01017--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **F93000001525 (5)**

1. Corporation Name
163767 CANADA, INC.

Principal Place of Business
**501 EAST KENNEDY BLVD., #1700
TAMPA FL 33602**

Mailing Address
**501 EAST KENNEDY BLVD., #1700
TAMPA FL 33602**

3. Date Incorporated or Qualified **03/29/1993** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business		2b. Mailing Address	
21	26	Suite, Apt. #, etc.	
22 City & State		27 City & State	
24	25	29	30

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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
6. This corporation has liability for intangible tax under S. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HUMPHRIES, J B ESQ.
C/O FOWLER, WHITE, GILLEN, ET AL
501 EAST KENNEDY BLVD., #1700
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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

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 _____

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	KAWAJA, PAUL
STREET ADDRESS	76 OLD FOREST HILL ROAD
CITY ST ZIP	TORONTO, ONT., CANADA M5P2R5
TITLE	AS
NAME	ANDERSON, ANDREW W
STREET ADDRESS	355 SALISBURY LANE
CITY ST ZIP	NEWMARKET, ONT., CANADA
TITLE	AS
NAME	HUMPHRIES, J B
STREET ADDRESS	501 EAST KENNEDY BLVD., #1700
CITY ST ZIP	TAMPA FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

4/10/95 HST

14. I do hereby certify that the information furnished with this 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 recipient of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **J. Bob Humphries, Assistant Secretary** 03/17/95 (813) 222-1173