

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 26 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001525040
-06/28/95--01001--002
***225.00 ***225.00

DOCUMENT # F94000004374

1. Corporation Name

Wycliffe International Design
Group, Inc.

Principal Place of Business

95 St. Clair Ave. West
Toronto, Ontario
M4V 1N7

Mailing Address

95 St. Clair Ave. West
Toronto, Ontario
M4V 1N7

2. Principal Place of Business

21 446 Spadina Road

2a. Mailing Address

26 446 Spadina Road

Suite, Apt. #, etc.

22 #207

Suite, Apt. #, etc.

27 #207

City & State

23 Toronto Ontario

City & State

28 Toronto Ontario

Zip

24 MSP3ma2

Country

25 OC

Zip

29 MSP3ma2

Country

30 OC

9. Name and Address of Current Registered Agent

KTAS Registered Agent Corp.
1401 Brickell Avenue
Suite #700
Miami, FL 33131

3. Date Incorporated or Qualified

8/23/94

3a. Date of Last Report

NONE

4. FEI Number

N/A

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

5. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

DO NOT WRITE IN THIS SPACE.

9. Name and Address of Current Registered Agent

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 last 4 characters

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GORMAN, HARRY
STREET ADDRESS	95 ST. CLAIR AVE. WEST, #102
CITY - ST - ZIP	Toronto, Ontario M4V 1N7
TITLE	VD
NAME	SHORE, NEIL
STREET ADDRESS	95 ST. CLAIR AVE. WEST, #102
CITY - ST - ZIP	Toronto, Ontario M4V 1N7
TITLE	VD
NAME	GORMAN, EARL
STREET ADDRESS	95 ST. CLAIR AVE. WEST, #102
CITY - ST - ZIP	Toronto, Ontario M4V 1N7
TITLE	VD
NAME	SHORE, FRED
STREET ADDRESS	95 ST. CLAIR AVE. WEST, #102
CITY - ST - ZIP	Toronto, Ontario M4V 1N7
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	

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)(b), 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 in the amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EARL GORMAN, SECRETARY

14 Jun 2/95 (416)322-3222