FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 APR -6 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005454 (3)**

1. Corporation Name
HARBOR PINES DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
130 ALBERT ST., #1500 OTTAWA ONTARIO CANADA K1P -5G4	130 ALBERT ST., #1500 OTTAWA ONTARIO CANADA K1P -5G4

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Intellivest Mgmt.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #125 13535 Feather Sound Dr.
City & State 23	City & State 28 Clearwater, FL
Zip 24 / Country 25	Zip 29 34622 / Country 30 USA

4. FEI Number: NOT APPLICABLE — ☐ 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	10. Name and Address of New Registered Agent
TIRABASSI, E R FERGESON, SKIPPER, ETAL 1515 RINGLING BLVD, #1000 SARASOTA FL 34236	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, P J	12 NAME	
STREET ADDRESS	130 ALBERT ST., #1500	13 STREET ADDRESS	
CITY ST ZIP	OTTAWA ONTARIO CANADA K1P -5G4	14 CITY ST ZIP	600001451166 -04/07/95--01103--008 ****200.00 ****200.00
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, ROSS W	22 NAME	
STREET ADDRESS	130 ALBERT ST., #1500	23 STREET ADDRESS	
CITY ST ZIP	OTTAWA ONTARIO CANADA K1P -5G4	24 CITY ST ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	VAUGHAN, CRAIG A	32 NAME	
STREET ADDRESS	130 ALBERT ST., #1500	33 STREET ADDRESS	
CITY ST ZIP	OTTAWA ONTARIO CANADA K1P -5G4	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

DEA 4-6-95

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, or on an attachment with an address.

SIGNATURE: P. James Donnelly 3/20/95 613-782-2277
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER DATE TELEPHONE NUMBER

0493883 IN