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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000001301 (9)**

1. Corporation Name

605143 ONTARIO LIMITED

Principal Place of Business	Mailing Address
184 PEARL ST SUITE 301. TORONTO ONTARIO. CANADA M5H 1L5	184 PEARL ST SUITE 301. TORONTO ONTARIO. CANADA M5H 1L5

3. Date Incorporated or Qualified: 03/17/1995
3a. Date of Last Report: Mar 17/95
4. FEI Number: 98-0080557 [ ] 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 [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 141 Adelaide St. West	26 141 Adelaide St. West
Suite, Apt. #, etc. 22 Suite 1003	Suite, Apt. #, etc. 27 Suite 1003
City & State 23 Toronto, Ontario	City & State 28 Toronto
Zip / Country 24 M5H 3L9 / 25 Canada	Zip / Country 29 M5H 3L9 / 30 Canada

9. Name and Address of Current Registered Agent

MOUNTJOY, SANDRA
% SCHWEITZER & DOBOSZ
1206 COURT ST
CLEARWATER FL 34616

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 617.1508, 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	[ ] DELETE
NAME	WARE, JAMES G	
STREET ADDRESS	184 PEARL ST, SUITE 301, TORONTO	
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	
TITLE	VD	[ ] DELETE
NAME	WERNER, EDWARD	
STREET ADDRESS	184 PEARL ST, SUITE 301, TORONTO	
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	
TITLE	VD	[ ] DELETE
NAME	HANEY, JOHN	
STREET ADDRESS	184 PEARL ST, SUITE 301, TORONTO	
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	
TITLE	D	[ ] DELETE
NAME	HANEY, CHRISTOPHER	
STREET ADDRESS	184 PEARL ST, SUITE 301, TORONTO	
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	
TITLE	T	[ ] DELETE
NAME	ABBOTT, C. SCOTT	
STREET ADDRESS	184 PEARL ST, SUITE 301, TORONTO	
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		[X] Change [ ] Addition
12 NAME		
13 STREET ADDRESS	141 Adelaide St.,W,Toronto, Suite 1003	
14 CITY-ST-ZIP	Ontario, Canada M5H 3L9	
21 TITLE		[X] Change [ ] Addition
22 NAME		
23 STREET ADDRESS	141 Adelaide St.W, Suite 1003, Toronto	
24 CITY-ST-ZIP	Ontario, Canada M5H 3L9	
31 TITLE		[X] Change [ ] Addition
32 NAME		
33 STREET ADDRESS	141 Adelaide St,W., Suite 1003, Toronto	
34 CITY-ST-ZIP	Ontario, Canada M5H 3L9	
41 TITLE		[X] Change [ ] Addition
42 NAME		
43 STREET ADDRESS	141 Adelaide St.W., Suite 1003,Toronto	
44 CITY-ST-ZIP	Ontario, Canada M5H 3L9	
51 TITLE		[X] Change [ ] Addition
52 NAME		
53 STREET ADDRESS	141 Adelaide St.W., Suite 1003, Toronto	
54 CITY-ST-ZIP	Ontario Canada M5H 3L9	
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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: James Ware James G. Ware, President Feb 8/96 416-364-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number