FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Feb 10 1997 8:00am

Secretary of State

DOCUMENT # F95000001301 (9)

605143 ONTARIO LIMITED

Principal Place	e of Business	Mailing Address		U PROBLEMO ALIA POLOL DILLE BOLLE OFFICE DOI AL	0111 4010 2 14 030 11411 1010 1 4401 1602	
141 ADELAIDE ST W STE 1003 TORONTO ON M5H3L		141 ADELAIDE ST W STE 1003 TORONTO ON M5H3L				
CN		CN			3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report 03/20/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 98-0080557	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	19	28	· r		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	
24	25	29	30		Florida Statutes 10. Name and Address of New Reg	Yes XIVo
9. Name and Address of Current Registered Agent MOUNTJOY, SANDRA 81					10. Hanne and Address of ride neg	Jistorea Agent
% SCHWEITZER & DOBOSZ			82	Name Stoot Add	ress (P.O. Box Number is Not Acceptable	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	COURT ST		02	Street Add	ress (F.O. Box Number is Not Acceptable	0)
	RWATER FL 34616		83		4 A - A - A - A - A - A - A - A - A - A	
			84	City		85 Zip Code
44 Dyanyant	to the provisions of Post one COZ DEDO	and 607 1L09 Florida Statu	ton the about	Loamod por	poration submits this statement for the pr	FL 39 747 Good
office or r	egistered agent, or both, in the State :	of Horida. Such change was	authorized by	the corpora	tion's board of directors. Thereby accep	t the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fi	lorida Statutes	i.		
SIGNATURE	Signature, typed or printed name of registered ager	it and the if applicable (NO	1t - Registered Agr	et signature regu	ued when reinstaing)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	LRS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	11 TITLE			Change Addition
NAME			1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5		1.4 CDY - S1 - 7P			
TITLE	•		2.1 TITLE			Change Addition
NAME	Werner, Edward 141 Adelaide st w ste 1003		2.2 NAME			
STREET ADDRESS	ONTARIO, CANADA M5H 1L5		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			2. 4 CITY - 5 3.1 TITLE	51 - ZIP		Change Addition
NAME	MANEY JOHN		3.2 NAME	1		<u> </u>
STREET ADDRESS	444 ADELAIDE OT MUCTE 1000		3.3 STREET	ADDRESS		
CITY-\$T-ZIP	ONTABIO CANADA MEU 41 E		3.4. CHY-5	į.		
TITLE	D DELETE 4:		4.1 T T F			Change Addition
NAME	HANEY, CHRISTOPHER		4. 2 NAME			
STREET ADDRESS			4.3 \$TK££1	ADORESS		
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5			1 - 2(P		
TITLE	T	☐ DELETE	5.1 TITLE			Change Addition
NAME	444 ADELAIDE OT WOTE 4000		5.2 NAME			
STREET ADDRESS	OMPANIO CAMADA DELL'ALE		5.3 STREET			
CITY-ST-ZIP	ONTARIO, CANADA M5H 1L5	The same	5.4 CITY - S	1 - ZIP		Distance Distance
TITLE		☐ DELETE.	6.1 TITLE			Change Addition
NAME			62 NAME	1000000		
STREET ADDRESS			6.3 STHEET	AUDRESS		

14. I do 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 suppliemental 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.