

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

FILED  
Feb 07 1997 8:00am  
Secretary of State

DOCUMENT # F96000000626 (9)

1. Corporation Name  
JASON-CRAIG ASSOCIATES INC.



Principal Place of Business

1501 PINETREE CRESCENT  
MISSISSAUGA, ONTARIO  
CANADA L5G 2S9

Mailing Address

1501 PINETREE CRESCENT  
MISSISSAUGA, ONTARIO  
CANADA L5G 2S9

3. Date Incorporated or Qualified

02/07/1996

3a. Date of Last Report

4. FEI Number

98-0042198

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

us file but  
liability

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASP, JOHN

~~1901 CLIFFORD STREET, APT. 801~~  
FORT MYERS FL 33901

1925 Clifford St. apt. 1301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1925 Clifford St. Apt. 1301

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC  
NAME SMITH, PAULA H  
STREET ADDRESS 1501 PINETREE CRESCENT, MISSISSAUGA, ONT.  
CITY-ST-ZIP CANADA L5G 2S9

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP L5G 2S9

Change Addition

TITLE DV  
NAME SMITH, CRAIG G  
STREET ADDRESS 16 GARNOCK AVENUE, TORONTO, ONTARIO  
CITY-ST-ZIP CANADA M4K 1M2

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE SD  
NAME SMITH, JASON D  
STREET ADDRESS 219 VILLARE AVENUE, WINDSOR, ONTARIO  
CITY-ST-ZIP CANADA N83 2J1

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP N8S 2J1

Change Addition

TITLE DV  
NAME SMITH, CHRISTINE P  
STREET ADDRESS 72 WELLESLEY STREET EAST, APT. 101  
CITY-ST-ZIP TORONTO, ONT. CANADA M4Y 1H2

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 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:

PAULA H. SMITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula H. Smith Jan. 15/97  
Date

Daytime Phone #

0628541

CR2E034 (9/96)