

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006935 (7)
 1. Corporation Name
920193 ONTARIO INC.

Principal Place of Business 1174 ST. JEROME ST. SUDBURY ONTARIO CANANDA P3A -2V9	Mailing Address 1174 ST. JEROME ST. SUDBURY ONTARIO CANANDA P3A -2V9
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	25 Country	28 Zip	30 Country
	CANADA		CANADA

3. Date Incorporated or Qualified
12/31/1997

4. FEI Number 98-0121748	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**VARNADORE, TYLER, HOFFNER, KING, HAWTHORNE
 1301 6TH AVE., W., #600
 BRADENTON FL 34205-7440**

10. Name and Address of New Registered Agent

81 Name CPA ASSOCIATES, P.A.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	LAFRENIERE, CLEMENT	
STREET ADDRESS	4532 CHENIER	
CITY-ST-ZIP	HANMER ONTARIO CANANDA P3P -1X5	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAFRENIERE, MAURICE	
STREET ADDRESS	4532 CHENIER	
CITY-ST-ZIP	HANMER ONTARIO CANANDA P3P -1X5	
TITLE	STDC	<input type="checkbox"/> DELETE
NAME	LAFRENIERE, GERALD	
STREET ADDRESS	2020 JOSEPHINE	
CITY-ST-ZIP	SUDBURY ONTARIO CANANDA P3A -2M9	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAFRENIERE, BERTHE	
STREET ADDRESS	1205 LONSDALE AVE	
CITY-ST-ZIP	SUDBURY ONTARIO CANANDA P3B -1K3	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	CANADA
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	S PALISADE PLACE
2.4 CITY-ST-ZIP	SUDBURY ONTARIO CANADA P3A 3X9
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	CANADA
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	CANADA
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Gerald Lafreniere** **GERALD LAFRENIERE** Mar 2, 98 (105) 560-5599

CP2E034 (10/97)