

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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90012 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006935

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

3. Date Incorporated or Qualified
12/31/1997

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 CANADA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 CANADA
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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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CPA ASSOCIATES, P.A.
 1301 6TH AVE., W., #600
 BRADENTON FL 34205-7440

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	S PALISADE PLACE	
CITY-ST-ZIP	SUDBURY ON P3A3X	
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	5 Palisade
2.4 CITY-ST-ZIP	CANADA P3A3X9
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	CANADA P3A2M8
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris LAFRENIERE MAURICE **Mar 9.99 (705) 560-5599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)