

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G06507 (9)

1. Corporation Name
ONTARIO MANAGEMENT CORP.

Principal Place of Business 867 S. ATLANTIC ASVE ORMOND BEACH FL 32176 US	Mailing Address 867 S. ATLANTIC ASVE ORMOND BEACH FL 32176 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 867 S. Atlantic Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 867 S. Atlantic Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/29/1982	
22 City & State		27 City & State		4. FEI Number 59-2316306 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent FINCKE, GERALD 867 S ATLANTIC AVE ORMOND BCH. FL 32176				10. Name and Address of New Registered Agent	
				b1 Name	
				b2 Street Address (P.O. Box Number is Not Acceptable)	
				b3	
				b4 City	
				b5 Zip Code FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, RICHARD F.	1.2 NAME	
STREET ADDRESS	2060 FAIRPORT NINE MILE PT RD, STE 310	1.3 STREET ADDRESS	655 Pullman Ave.
CITY-ST-ZIP	PENFIELD NY	1.4 CITY-ST-ZIP	Rochester, NY 14615
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADER, MICHAEL E.	2.2 NAME	
STREET ADDRESS	2060 FAIRPORT NINE MILE PT RD, STE 310	2.3 STREET ADDRESS	655 Pullman Ave.
CITY-ST-ZIP	PENFIELD NY	2.4 CITY-ST-ZIP	Rochester, NY 14615
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREMO, VICTORIA E.	3.2 NAME	
STREET ADDRESS	867 S. ATLANTIC AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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: *Victoria E. Premo* Victoria E. Premo 04/01/98 (904) 677-2440

CR2E034 (10/97)