


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

FILED
Feb 05 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 # G21660 (7)

1. Corporation Name
CANADIAN DEVELOPMENT CORPORATION



Principal Place of Business 1711 MCCOWAN RD. STE 207 SCARBOROUGH, ONTARIO CANADA M1S 2Y3 US	Mailing Address 1711 MCCOWAN RD. STE 207 SCARBOROUGH, ONTARIO CANADA M1S 2Y3 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1711 McCOWAN RD. Suite, Apt. #, etc. 22 SUITE 207 City & State 23 SCARBOROUGH, ONTARIO Zip 24 M1S 2Y3		2a. Mailing Address 26 1711 McCOWAN RD. Suite, Apt. #, etc. 27 SUITE 207 City & State 28 SCARBOROUGH, ONTARIO Zip 29 M1S 2Y3		Country 30 CANADA.		3. Date Incorporated or Qualified 02/04/1983	4. FEI Number 59-2353257	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

9. Name and Address of Current Registered Agent

RICHARDSON, RALPH A.
SUITE 104
27725 OLD 41 RD.
BONIRA SPRINGS FL 33959-8779

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDON, GEORGE R.	1.2 NAME	
STREET ADDRESS	124 MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONVILLE, ONTARIO	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDON, DAVID	2.2 NAME	
STREET ADDRESS	125 JOHN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	THORNHILL, ONTARIO	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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:  SIGNATURE REQUIRED

JAN. 13 / 98 (416) 299-4700

CR2E034 (10/97)