

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

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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G46108** (8)

1. Corporation Name
AGINCOURT PLACE, INC.



Principal Place of Business 2710 2ND STREET INDIAN ROCKS BEACH FL 34635	Mailing Address 52 DENNETT DRIVE AGINCOURT, ONTARIO M1S 2E7 CANADA
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2. Principal Place of Business 21	2a. Mailing Address 26 61 LAKEVIEW DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 PORT PERRY ONT.
Zip 24	Country 29 CANADA
Country 25	Zip 30 L9L 1H1

3. Date Incorporated or Qualified 06/24/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2300498	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DELOACH, DENNIS R JR. 8640 SEMINOLE BLVD. SEMINOLE FL 34642	10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 8640 SEMINOLE BLVD P.O. Box 3390 83 SEMINOLE FL 84 City 85 Zip Code FL 34642
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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 **DENNIS R. DELOACH JR.** DATE **APRIL 24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	RENNIE, ROSS		
STREET ADDRESS	52 DENNETT DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	AGINCOURT, ONTARIO M1S 2E7	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
DS	RISELEY, JOHN		
STREET ADDRESS	85 SONMORE CRESCENT	2.3 STREET ADDRESS	
CITY - ST - ZIP	AGINCOURT, ONTARIO	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
OT	OGDEN, BETTY		
STREET ADDRESS	29 DONALDA DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	AGINCOURT, ONTARIO M1S 1N6	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
DP	RENNIE, ROSS		
STREET ADDRESS	61 LAKEVIEW DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT PERRY ONT L9L 1H1	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
T	RENNIE BETTY		
STREET ADDRESS	61 LAKEVIEW DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	PORT PERRY ONT L9L 1H1	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: **RENNIE** DATE: **APRIL 24/97**

CR2E034 (9/96)