

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

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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J57061 (0)

1. Corporation Name  
SPARFIL BLOK FLORIDA, INC.



Principal Place of Business 1800 SECOND STREET 850 FIRST FLORIDA BANK PLAZA SARASOTA FL 34238	Mailing Address 1800 SECOND STREET 850 FIRST FLORIDA BANK PLAZA SARASOTA FL 34238-5946
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3. Date Incorporated or Qualified 02/10/1987	3a. Date of Last Report 09/23/1996
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2. Principal Place of Business 21 201 N. Franklin St. Suite, Apt #, etc. 22 Suite 3400 City & State 23 Tampa, FL Zip 24 33606	2a. Mailing Address 26 201 N. Franklin St. Suite, Apt #, etc. 27 Suite 3400 City & State 28 Tampa, FL Zip 29 33606	4. FEI Number 59-2785186	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
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9. Name and Address of Current Registered Agent WOOD, JAMES D 1800 SECOND STREET SUITE 850 SARASOTA FL 34238	10. Name and Address of New Registered Agent 81 Name Wood, James D. 82 Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin St. 83 Suite 3400 84 City Tampa FL 85 Zip Code 33606
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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 *James D. Wood* *James D. Wood* DATE 4/3/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPMAN, MARY	1.2 NAME	
STREET ADDRESS	3380 GULF OF MEXICO DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOY, DANIEL	2.2 NAME	
STREET ADDRESS	1800 SECOND STREET, #850	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMIESON, IAN	3.2 NAME	
STREET ADDRESS	% LINCLUDEN INVESTMENTS	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKVILLE, ONTARIO-CN	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Mary Chipman* MARY CHIPMAN DATE 4/25/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)