


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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90236 042 ***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 # M43920
 1. Corporation Name
T H B MARCO, INC.



Principal Place of Business 4100 YONGE STREET, SUITE 502 NORTH YORK, ONTARIO M2P 2B5 CANADA	Mailing Address 4100 YONGE STREET, SUITE 502 NORTH YORK, ONTARIO M2P 2B5 CANADA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4100 YONGE ST	2a. Mailing Address 26 4100 YONGE ST	4. FEI Number 98-0093931	Applied For Not Applicable
Suite, Apt. #, etc. 22 402	Suite, Apt. #, etc. 27 402	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 TOR. ONT.	City & State 28 TOR. ONT.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 M2P-2B5	Country 25 CA	Zip 29 M2P-2B5	Country 30 CA

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, H. THOMAS	1.2 NAME	
STREET ADDRESS	4100 YONGE STREET, SUITE 502	1.3 STREET ADDRESS	4100 YONGE ST. SUITE 402
CITY-ST-ZIP	NORTH YORK-ONTARIO-CANADA M2P-2B5	1.4 CITY-ST-ZIP	TOR. ONT. COA M2P-2B5
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, CATHERINE	2.2 NAME	
STREET ADDRESS	4100 YONGE STREET, SUITE 502	2.3 STREET ADDRESS	4100 YONGE ST. SUITE 402
CITY-ST-ZIP	NORTH YORK-ONTARIO-CANADA M2P-2B5	2.4 CITY-ST-ZIP	TOR. ONT. COA M2P-2B5
TITLE	<input type="checkbox"/> DELETE	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	<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 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, with all other like empowered.

SIGNATURE: Catherine Beck BECK DATE: MAR 3/99 (416) 2267279

CR2E034 (1/98)