


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

FILED
Jan 23 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 # **P01437** (3)

1. Corporation Name
63618 MANITOBA LIMITED CORPORATION



Principal Place of Business % RICHARD W. MORRISON 4875 N. FEDERAL HIGHWAY 10TH FLOOR FORT LAUDERDALE FL 33308	Mailing Address % RICHARD W. MORRISON 4875 N. FEDERAL HIGHWAY 10TH FLOOR FORT LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/29/1984	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State	28. City & State
22. City & State	29. Zip	30. Country	31. Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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. City		84. City	
85. Zip Code		86. Zip Code	

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's signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
STREET ADDRESS	410 CHARLESWOOD LANE	13. STREET ADDRESS	14. CITY - ST - ZIP
CITY - ST - ZIP	NAPLES FL	21. TITLE	22. NAME
TITLE	NAME	23. STREET ADDRESS	24. CITY - ST - ZIP
STREET ADDRESS	410 CHARLESWOOD LANE	31. TITLE	32. NAME
CITY - ST - ZIP	NAPLES FL	33. STREET ADDRESS	34. CITY - ST - ZIP
TITLE	NAME	41. TITLE	42. NAME
STREET ADDRESS		43. STREET ADDRESS	44. CITY - ST - ZIP
CITY - ST - ZIP		51. TITLE	52. NAME
TITLE	NAME	53. STREET ADDRESS	54. CITY - ST - ZIP
STREET ADDRESS		61. TITLE	62. NAME
CITY - ST - ZIP		63. STREET ADDRESS	64. 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 to this address.

SIGNATURE: _____

CR2E034 (10/97)