

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08727

(0)

1. Corporation Name

BLOOR AUTOMOTIVE INC.



Principal Place of Business

365 BLOOR STREET EAST, SUITE 1200
TORONTO, ONT., CANADA M4W-3 7Z2S2

Mailing Address

365 BLOOR STREET EAST, SUITE 1200
TORONTO, ONT., CANADA M4W-3 7Z2S2

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/16/1986

3a. Date of Last Report

02/22/1995

4. FET Number

38-2032298

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

PCEO
EZRIIN, HERSHELL
365 BLOOR STREET EAST STE., 1200
TORONTO ON

DELETE

STREET ADDRESS

CITY, STATE, ZIP

12.2

NAME

VD
VON DER PORTEN, ROBERT
365 BLOOR ST. E., #1200
TORONTO, CANADA

DELETE

STREET ADDRESS

CITY, STATE, ZIP

12.3

NAME

V
DUNAWAY, DAVID
8430 W. BRYN MAWR AV, 400
CHICAGO IL

DELETE

STREET ADDRESS

CITY, STATE, ZIP

12.4

NAME

VAS
CIOTTI, MARTIN
8430 W. BRYN MAWR AV, 400
CHICAGO IL

DELETE

STREET ADDRESS

CITY, STATE, ZIP

12.5

NAME

S
SUTHERLAND, ROBERT
TORONTO DOMINION CENTER
TORONTO, CANADA

DELETE

STREET ADDRESS

CITY, STATE, ZIP

12.6

NAME

TD
ALLEN, MARY JANE
365 BLOOR ST. E., #1200
TORONTO, CANADA

DELETE

STREET ADDRESS

CITY, STATE, ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, STATE, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, STATE, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, STATE, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, STATE, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, STATE, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, and 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 Jane Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/96

(416) 960-1133

CR2E034 (12/95)