

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P11880 (2)**

1. Corporation Name
590457 ONTARIO LIMITED, "CORPORATION"



| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 35 SAN PEDRO DR HAMILTON, ONTARIO L8N 1T8 HAMILTON ON L9C 2A CA | 35 SAN PEDRO DRIVE HAMILTON, ONTARIO L8N 1T8 HAMILTON ON L9C 2A US |

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/22/1986 | 3a. Date of Last Report 04/24/1995 |
|--|--|

| | |
|---------------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. As above, except Zip | 26. As above, except Zip and |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. country |
| 22. City & State | 27. City & State |
| 23. Zip L9C 2C4 Country | 28. Zip L9C 2C4 Country Canada |
| 24. L9C 2C4 | 29. L9C 2C4 |
| 25. Country | 30. Canada |

| | |
|--|--|
| 4. FEI Number 98-0082339 | 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 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 | | 10. Name and Address of New Registered Agent | |
| SCOTT, JEAN 1000 GULF BLVD. #301 INDIAN ROCKS BEACH FL 34635 | | 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: *Jean Scott* DATE: **4/19/96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCOTT, WALTER, JR. | 1.2 NAME | |
| STREET ADDRESS | 38 SENATOR AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAMILTON, ONT., CAN. | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCORMICK, JOSEPH L. | 2.2 NAME | |
| STREET ADDRESS | 35 SAN PEDRO DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAMILTON ON | 2.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCOTT, JEAN | 3.2 NAME | |
| STREET ADDRESS | 1000 GULF BLVD. 301 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIAN ROCKS BCH. FL | 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 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; 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: *J. L. Mc Cormick* January 31, 1996 (905) 318-6959
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 X Joseph L. Mc Cormick (secretary)

CR2E034 (12/95)