


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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P11880 (2)					
1. Corporation Name 590457 ONTARIO LIMITED, "CORPORATION"					
Principal Place of Business 95 SAN PEDRO DR HAMILTON, ONTARIO L8N 1T8 HAMILTON ON L9C 24 J8 Canada			Mailing Address 35 SAN PEDRO DRIVE HAMILTON, ONTARIO L8N 1T8 HAMILTON ON L9C 2 J8 Canada		
2. Principal Place of Business 21 As above except Box 25		2a. Mailing Address 26 As above except Box 25		3. Date Incorporated or Qualified 10/22/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report 04/24/1996	
22 City & State		27 City & State		4. FEI Number 98-0082339	
23 Zip		28 Zip		Applied For Not Applicable	
Country 25 Canada		Country 30 Canada		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent SCOTT, JEAN 1000 GULF BLVD. #301 INDIAN ROCKS BEACH FL 34635				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
81 Name				84 City	
82 Street Address (P.O. Box Number is Not Acceptable)				85 Zip Code	
83				FL	
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 4/15/97					
Signature of board or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			1.1 TITLE		
STREET ADDRESS			1.2 NAME		
CITY-ST-ZIP			1.3 STREET ADDRESS		
1.1 TITLE			1.4 CITY-ST-ZIP		
NAME			2.1 TITLE		
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
2.1 TITLE			2.4 CITY-ST-ZIP		
NAME			3.1 TITLE		
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
3.1 TITLE			3.4 CITY-ST-ZIP		
NAME			4.1 TITLE		
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
4.1 TITLE			4.4 CITY-ST-ZIP		
NAME			5.1 TITLE		
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
5.1 TITLE			5.4 CITY-ST-ZIP		
NAME			6.1 TITLE		
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
6.1 TITLE			6.4 CITY-ST-ZIP		
NAME					
STREET ADDRESS					
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: **J. L. McCormick** Apr. 11, 1997 (405) 318-6859

CR2E034 (9/96)