

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
35 SAN PEDRO DR BOX-25
HAMILTON, ONTARIO L8N 4T8
HAMILTON ON L8C 2A-
ON

Mailing Address
35 SAN PEDRO DR BOX-25
HAMILTON, ONTARIO L8N 4T8
HAMILTON ON L8C 2A-
ON

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 35 San Pedro Drive	26 35 San Pedro Drive		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23 Hamilton, Ontario	28 Hamilton, Ontario		
Zip	Zip		
24 L9C 2C4	29 L9C 2C4		
Country	Country		
25 Canada	30 Canada		

3. Date Incorporated or Qualified 10/22/1986	
4. FEI Number 98-0082339	Applied For 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	
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 Jean Scott 4/20/98
Signature, typed or printed name of registered agent and title if applicable (Not a Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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	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	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		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		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		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.

SIGNATURE J. L. McCormick 4/20/98 (205) 312-6050

CR2E034 (10/97)