


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

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**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90038 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P12912**

1. Corporation Name  
**MARCDEV, INC.**



Principal Place of Business 22 ST. CLAIR AVENUE EAST SUITE 1010 TORONTO ON M4T 2-3 #9	Mailing Address 22 ST. CLAIR AVENUE EAST SUITE 1010 TORONTO ON M4T 2-3 #9
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>22 ST. CLAIR AVENUE EAST</b> Suite/Apt. #, etc. 22 <b>1010</b> City & State 23 <b>TORONTO, ONTARIO</b> Zip Country 24 <b>M4T 2S3</b> 25 <b>CANADA</b>	2a. Mailing Address 26 <b>22 ST. CLAIR AVENUE EAST</b> Suite/Apt. #, etc. 27 <b>1010</b> City & State 28 <b>TORONTO, ONTARIO</b> Zip Country 29 <b>M4T 2S3</b> 30 <b>CANADA</b>	3. Date Incorporated or Qualified <b>01/15/1987</b>	4. FEI Number <b>23-2443450</b> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE	NAME RAFELMAN, DONALD	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 22 ST. CLAIR AVE. EAST #1010	CITY-ST-ZIP <del>TORONTO ONTARIO CAN M4T 2</del>	1.2 NAME	1.3 STREET ADDRESS <b>TORONTO CANADA M4T 2S3</b>
TITLE VD <input type="checkbox"/> DELETE	NAME SCHIPPER, LIONEL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 22 ST. CLAIR AVE. EAST #1010	CITY-ST-ZIP <del>TORONTO ONTARIO CAN M4T 2</del>	2.2 NAME	2.3 STREET ADDRESS <b>TORONTO CANADA M4T 2S3</b>
TITLE VSTD <input type="checkbox"/> DELETE	NAME BROTMAN, AARON	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 22 ST. CLAIR AVE. EAST #1010	CITY-ST-ZIP <del>TORONTO ONTARIO CAN M4T 2</del>	3.2 NAME	3.3 STREET ADDRESS <b>TORONTO CANADA M4T 2S3</b>
TITLE V <input type="checkbox"/> DELETE	NAME SHIEL, JAY	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 22 ST CLAIR AVE EAST #1010	CITY-ST-ZIP <del>TORONTO ONTARIO CA M4T 2</del>	4.2 NAME	4.3 STREET ADDRESS <b>TORONTO CANADA M4T 2S3</b>
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **AARON BROTMAN** 3/24/99 (416) 923-7755  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)