

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P23742 (0)

1. Corporation Name

VISIONWORKS REALTY CORPORATION

Principal Place of Business

130 ALBERT STR
STE 1500
OTTAWA ON K1P 5-4
CA

Mailing Address

C/O INTELLIVEST MGMT. INC.
13535 FEATHER SOUND DR. #125
CLEARWATER FL 34622

3. Date Incorporated or Qualified
04/05/1989

3a. Date of Last Report
04/04/1995

2. Principal Place of Business
21 235 Stafford Rd., West
Suite, Apt. #, etc.
22 Suite 103
City & State
23 Nepean, Ontario
Zip
24 K2H 9C1
Country
25 Canada
26 Management, Inc.
Suite, Apt. #, etc.
27 Suite 172
City & State
28 Largo, FL
Zip
29 34640
Country
30 USA

4. FEI Number
NOT APPLICABLE
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIRABASSI, E.RALPH
FERGESSON, SKIPPER, ET AL
1515 RINGLING BLVD. #1000
SARASOTA FL 34230

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MCBRIDE, ROSS
130 ALBERT STR, STE 1500
OTTAWA, ONT., CANADA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DONNELLY, JAMES
130 ALBERT STR, STE 1500
OTTAWA, ONT., CANADA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
VAUGHAN, CRAIG
130 ALBERT STR, STE 1500
OTTAWA, ONT., CANADA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
235 Stafford Road West, #103
Nepean, Ontario K2H 9C1 Canada

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
235 Stafford Road West, #103
Nepean, Ontario K2H 9C1 Canada

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
235 Stafford Road West, #103
Nepean, Ontario K2H 9C1 Canada

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Craig A. Vaughan

613-721-1772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)