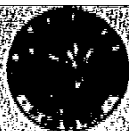


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P25537

(2)

95 APR -3 PH 5:24

1. Corporation Name

WEALTH GENERAL PARTNERS INC.

Principal Place of Business

**130 ALBERT ST., STE. 1500
OTTAWA, ONTARIO K1P 5T8
OTTAWA CA K1P 5-6
US**

Mailing Address

**130 ALBERT ST., STE. 1500
OTTAWA, ONTARIO K1P 5T8
OTTAWA CA K1P 5-6
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/08/1989

3a. Date of Last Report

03/16/1994

2. Principal Place of Business

2a. Mailing Address

4. FBI Number

98-0119765

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

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. **13535 Feather Sound Dr., #125**

23. Zip Country

28. **Clearwater, FL**

24. Zip Country

29. **34622** 30. **USA**

9. Name and Address of Current Registered Agent

**BACON, DAVID A., ESQ.
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81. Name

E. Ralph Tirabassi

82. Street Address (P.O. Box Number is Not Acceptable)

Ferguson, Skipper, et al

83.

1515 Ringling Blvd., #1000

84. City

Sarasota,

FL

85. Zip Code

34230

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

E. Ralph Tirabassi

(Signature, typed or printed name of registered agent or incorporator if at address)

(NOTE: Registered Agent signature required when resigning)

GATT

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCBRIDE, ROSS
STREET ADDRESS	1500 130 ALBERT ST
CITY, ST, ZIP	OTTAWA ON
TITLE	V
NAME	DONNELLY, JAMES
STREET ADDRESS	1500 130 ALBERT ST
CITY, ST, ZIP	OTTAWA ON
TITLE	ST
NAME	VAUGHAN, CRAIG
STREET ADDRESS	1500 130 ALBERT ST
CITY, ST, ZIP	OTTAWA ON
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. 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)(b), 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 incorporator 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:

P. James Donnelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. James Donnelly

3/20/95

Date

613-782-2277

Telephone Number