CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:24

DOCUMENT # P25537 (2)

1. Corporation Name
WEALTH GENERAL PARTNERS INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
130 ALBERT ST., STE. 1500 OTTAWA, ONTARIO K1P 5T6 OTTAWA CA K1P 5-6 US	130 ALBERT ST., STE. 1500 OTTAWA, ONTARIO K1P 5T6 OTTAWA CA K1P 5-6 US

3. Date Incorporated or Qualified: 08/08/1989
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Intellivest Mgmt., Inc.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 13535 Feather Sound Dr.,#125
City & State 23	City & State 28 Clearwater, FL
Zip 24 / Country 25	Zip 29 34622 / Country 30 USA

4. FEI 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

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

01 Name: E. Ralph Tirabassi
02 Street Address (P.O. Box Number is Not Acceptable): Fergeson, Skipper, et al
03: 1515 Ringling Blvd., #1000
04 City: Sarasota, FL 05 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, ROSS	12 NAME	
STREET ADDRESS	1500 130 ALBERT ST	13 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA ON	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, JAMES	22 NAME	
STREET ADDRESS	1500 130 ALBERT ST	23 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA ON	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	VAUGHAN, CRAIG	32 NAME	
STREET ADDRESS	1500 130 ALBERT ST	33 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA ON	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: P. James Donnelly 3/20/95 613-782-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489960 IN