

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
Apr 04 1996 8:00 am
Secretary of State

DOCUMENT # P25537 (2)

1. Corporation Name

WEALTH GENERAL PARTNERS INC.



Principal Place of Business

130 ALBERT ST., STE. 1500
OTTAWA, ONTARIO K1P 5T6
OTTAWA CA K1P 5-6
US

Mailing Address

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

2. Principal Place of Business

21 235 Stafford Road West

Suite, Apt. #, etc.

22 Suite 103

City & State

23 Nepean, Ontario

Zip

Country

24 K2H 9C1 25 Canada

2a. Mailing Address

c/o Sterling
Management, Inc.

Suite, Apt. #, etc.

27 1301 Seminole Blvd.

City & State

28 Largo, FL

Zip

29 34640

Country

30 USA

3. Date Incorporated or Qualified

08/08/1989

3a. Date of Last Report

04/03/1995

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

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent's signature required when registered change)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
MCBRIDE, ROSS
1500 130 ALBERT ST
OTTAWA ON

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
DONNELLY, JAMES
1500 130 ALBERT ST
OTTAWA ON

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST
VAUGHAN, CRAIG
1500 130 ALBERT ST
OTTAWA ON

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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, as applicable, or on an attachment with an address.

SIGNATURE:

Craig A. Vaughan

3/7/96

613-721-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)