

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

0000798

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26324
 1. Corporation Name
830983 ONTARIO LIMITED CORPORATION

Principal Place of Business 2221 LEE ROAD SUITE 24 WINTER PARK FL 32789 US	Mailing Address 2221 LEE ROAD SUITE 24 WINTER PARK FL 32789 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent


**PRATT, JAMES R ESQ.
 GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS
 369 NORTH NEW YORK AVENUE, 3RD FLOOR
 WINTER PARK FL 32789**

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 changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDAS [] DELETE	11 TITLE	[] Change [] Addition
NAME	SILVER, SHOEL	12 NAME	
STREET ADDRESS	2221 LEE ROAD, SUITE 24	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	14 CITY-ST-ZIP	
TITLE	VSD [] DELETE	21 TITLE	[] Change [] Addition
NAME	COOPER, BERNARD	22 NAME	
STREET ADDRESS	2221 LEE ROAD, SUITE 24	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	24 CITY-ST-ZIP	
TITLE	AS [X] DELETE	31 TITLE	[] Change [] Addition
NAME	LUBIN, LAWRENCE	32 NAME	
STREET ADDRESS	2221 LEE ROAD, SUITE 24	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	34 CITY-ST-ZIP	
TITLE	[] DELETE	41 TITLE	[] Change [X] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[] DELETE	51 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[] DELETE	61 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

RECEIVED
 99 FEB 22 PH 2:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1989

4. FEI Number
98-0107309 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 owes the current year Intangible Personal Property Tax [] Yes [] No

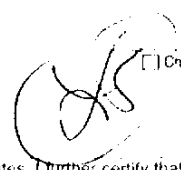
10. Name and Address of New Registered Agent

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

700002784157--9
 -02/23/99--01036--007
 ****450.00

Asst. Secretary
DANKEVY, Michael
 2221 Lee Road, Suite 24
 Winter Park, FL 32789

[] Change [X] Addition



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHOEL SILVER

Feb. 12/99 (416) 785-6000
 Daytime Phone #

CR2E034 (11/98)