

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:41

DOCUMENT # **P26729** (4)

1. Corporation Name
LANSPE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
714 YORK STREET LONDON, ONTARIO N5W 2S8 CANADA	714 YORK STREET LONDON, ONTARIO N5W 2S8 CANADA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/28/1989	3a. Date of Last Report 05/01/1994
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4. FEI Number 98-0111829	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 700 YORK STREET	26 700 YORK STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

22	27
City & State	City & State

23 LONDON, ONTARIO	28 LONDON, ONTARIO
Zip	Country

24 N5W 2S8	25 CANADA	29 N5W 2S8	30 CANADA
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9. Name and Address of Current Registered Agent

ABBOTT, GLEN C. C., ESQ.
521 W. FORST ISLAND TRAIL
STE. A
CRYSTAL RIVER FL 32629

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	SPECHT, ERIKA
STREET ADDRESS	23 BENSON CRESCENT
CITY- ST- ZIP	LONDON, ONTARIO
TITLE	D
NAME	SPECHT, ERIKA
STREET ADDRESS	23 BENSON CRESCENT
CITY- ST- ZIP	LONDON, ONTARIO
TITLE	D
NAME	SPECHT, CHRIS
STREET ADDRESS	23 BENSON CRESCENT
CITY- ST- ZIP	LONDON, ONTARIO
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(a), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRIS SPECHT

MARCH 27, 1995 (519) 438-3691
Date Signature Fee \$