

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

DOCUMENT # **P26729** (4)
1. Corporation Name
LANSPE INVESTMENTS, INC.



Principal Place of Business	Mailing Address
700 YORK STREET LONDON, ONTARIO N5W 2S8 CANADA US	700 YORK STREET LONDON, ONTARIO N5W 2S8 CANADA US

3. Date Incorporated or Qualified 10/28/1989	3a. Date of Last Report 04/04/1995
4. FEI Number 98-0111829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 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		10. Name and Address of New Registered Agent	
ABBOTT, GLEN C. C., ESQ. 521 W. FORST ISLAND TRAIL STE. A CRYSTAL RIVER FL 32629		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	706 N. SUNCOAST BLVD.
		83	
		84 City	CRYSTAL RIVER
		FL	85 Zip Code 34429

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS <input type="checkbox"/> DELETE	1.1 TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECHT, ERIKA	1.2 NAME	SPECHT, ERIKA
STREET ADDRESS	23 BENSON CRESCENT	1.3 STREET ADDRESS	23 BENSON CRESCENT
CITY-ST-ZIP	LONDON, ONTARIO	1.4 CITY-ST-ZIP	LONDON, ONTARIO
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECHT, ERIKA	2.2 NAME	
STREET ADDRESS	23 BENSON CRESCENT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ONTARIO	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECHT, CHRIS	3.2 NAME	
STREET ADDRESS	23 BENSON CRESCENT	3.3 STREET ADDRESS	700 YORK STREET
CITY-ST-ZIP	LONDON, ONTARIO	3.4 CITY-ST-ZIP	LONDON, ONTARIO
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SPECHT, FRITZ
STREET ADDRESS		4.3 STREET ADDRESS	23 BENSON CRESCENT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LONDON, ONTARIO
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SPECHT, STEVEN
STREET ADDRESS		5.3 STREET ADDRESS	23 BENSON CRESCENT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LONDON, ONTARIO
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 if changed, or on an attachment with an address.

SIGNATURE: CHRIS SPECHT APRIL 10, 1996 (519)438-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/10 Phone #

CF2E034 (12/95)