

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 30 1997 8:00am  
Secretary of State

DOCUMENT # P26729

(4)

1. Corporation Name

LANSPE INVESTMENTS, INC.



Principal Place of Business

700 YORK STREET  
LONDON, ONTARIO N5W 2S8  
CANADA  
US

Mailing Address

700 YORK STREET  
LONDON, ONTARIO N5W 2S8  
CANADA  
US

3. Date Incorporated or Qualified  
10/28/1989

3a. Date of Last Report  
04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

4. FEI Number

98-0111829

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

ABBOTT, GLEN C. C., ESQ.  
706 N. SUNCOAST BLVD  
CRYSTAL RIVER FL 34429

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 signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	SPECHT, ERIKA	
STREET ADDRESS	23 BENSON CRESCENT	
CITY - ST - ZIP	LONDON ON	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPECHT, STEVEN	
STREET ADDRESS	23 BENSON CRESCENT	
CITY - ST - ZIP	LONDON ON	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPECHT, CHRIS	
STREET ADDRESS	700 YORK STREET	
CITY - ST - ZIP	LONDON, ONTARIO	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SPECHT, FRITZ	
STREET ADDRESS	23 BENSON CRESCENT	
CITY - ST - ZIP	LONDON ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SPECHT, ERIKA	
1.3 STREET ADDRESS	23 BENSON CRESCENT	
1.4 CITY - ST - ZIP	LONDON, ONTARIO	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SPECHT, STEVEN	
2.3 STREET ADDRESS	700 YORK STREET	
2.4 CITY - ST - ZIP	LONDON, ONTARIO	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SPECHT, CHRIS	
3.3 STREET ADDRESS	700 YORK STREET	
3.4 CITY - ST - ZIP	LONDON, ONTARIO	
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SPECHT, FRITZ	
4.3 STREET ADDRESS	23 BENSON CRESCENT	
4.4 CITY - ST - ZIP	LONDON, ONTARIO	
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 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:

~~Signature Required~~

CHRIS SPECHT

APRIL 17/1997

(519)438-3691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0629414

CR2E034 (9/96)