

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 24 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28792** (0)
1. Corporation Name
885084 ONTARIO LIMITED, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**6538-6TH AVE.
NORTH
ST PETERSBURG FL 33710**

Mailing Address
**6538-6TH AVE.
NORTH
ST PETERSBURG FL 33710**

3. Date Incorporated or Qualified
04/05/1990

3a. Date of Last Report
06/21/1994

4. FEI Number
59-3001026

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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
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2a. Mailing Address
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9. Name and Address of Current Registered Agent
**GIBSON, DAVID H.
157 107TH AVENUE
TREASURE ISLAND FL 33708**

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 607.1608, 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 the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERBEEK, PETER	1.2 NAME	
STREET ADDRESS	1020 MATHESON BLVD. E	1.3 STREET ADDRESS	
CITY - ST - ZIP	MISSISSAUGA, ONT.CAN	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTISHAUSER, MARCEL	2.2 NAME	
STREET ADDRESS	164 RATHBURN RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ETOBICOKE ONTARIO CANADA	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 110.07(3)(b), 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: _____ DATE: **4-16-95** 347 7635
Signature and typed or printed name of signing officer or director (Date) (Daytime Phone #)
MARCEL Rutishauser