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PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Mar 25 1996 8:00 am
Secretary of State

DOCUMENT # **P33465** **(6)**

1. Corporation Name
WEALTHJAMMER DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1400 GANDY BOULEVARD ST. PETERSBURG FL 33703	C/O INTELLIVEST MGMT., INC 13535 FEATHER SOUND DR., #125 CLEARWATER FL 34622 US

3. Date Incorporated or Qualified: 04/08/1991
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 c/o Sterling Management, Inc.
Suite, Apt. #, etc.
27 1301 Seminole Blvd.,#172
City & State
28 Largo, FL
Zip
29 34640
Country
30 USA

4. FEI Number: 98-0116787 ☐ 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

TIRABASSI, E. R
FERGESON, SKIPPER, ET AL
1515 RINGLING BLVD., #1000
SARASOTA FL 34230

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 for filing real property.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DONNELLY, P. JAMES 130 ALBERT ST. STE. 1500 OTTAWA, ONTARIO CA K1P5G-A	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	X ☐ Change ☐ Addition 235 Stafford Road West, #103 Nepean, Ontario K2H 9C1 Canada
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCBRIDE, ROSS 130 ALBERT ST. STE. 1500 OTTAWA, ONTARIO CA K1P5G-4	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	X ☐ Change ☐ Addition 235 Stafford Road West, #103 Nepean, Ontario K2H 9C1 Canada
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VAUGHAN, CRAIG A 130 ALBERT ST. STE. 1500 OTTAWA, ONTARIO CA K1P5G-4	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	X ☐ Change ☐ Addition 235 Stafford Road West, #103 Nepean, Ontario K2H 9C1 Canada
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ Craig A. Vaughan 613-721-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #