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FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P33494 (6)
1. Corporation Name
751766 ONTARIO LIMITED, INC.



Principal Place of Business: 17 TWYFORD ROAD ISLINGTON, ONTARIO CANADA M9A 1W2
Mailing Address: 17 TWYFORD ROAD ISLINGTON, ONTARIO CANADA M9A 1W2

3. Date Incorporated or Qualified: 04/09/1991
3a. Date of Last Report: 08/05/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number: 98-0117030 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: GRANT THORNTON 1221 BRICKELL AVENUE 11TH FLOOR MIAMI FL 33131
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DS NAME: ZAHARCHUK, TED STREET ADDRESS: 17 TWYFORD ROAD CITY-ST-ZIP: ISLINGTON ONTARIO	<input type="checkbox"/> DELETE	1.1 TITLE: D,P, 1.2 NAME: ZAHARCHUK, Ted 1.3 STREET ADDRESS: 17 Twyford Road 1.4 CITY-ST-ZIP: ISlington, Ontario M9A1W2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: KOSTUIK, PAULINE STREET ADDRESS: 1205-114 ARBOUR GLEN CRE CITY-ST-ZIP: LONDON ONTARIO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D,S 2.2 NAME: ALEXOPOULOS, Michelle 2.3 STREET ADDRESS: 1235 Elmwood Ave, Apt 14 2.4 CITY-ST-ZIP: Evanston, Illinois, 60202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DT NAME: ZAHARCHUK, CONNIE STREET ADDRESS: 17 TWYFORD RD CITY-ST-ZIP: ISLINGTON ONTARIO	<input type="checkbox"/> DELETE	3.1 TITLE: D,VP 3.2 NAME: ZAHARCHUK, Kim 3.3 STREET ADDRESS: 114 Arbour Glen Cres - Apt 702 3.4 CITY-ST-ZIP: London, Ontario N6Y2A3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Connie Zaharchuk* (Connie Zaharchuk) Feb 4/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E034 (9/96)