

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

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PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34492**

1. Corporation Name
TIMANDRIS INC.

Principal Place of Business
**98 GORDON ROAD
WILLOWDALE, ONTARIO, CANADA**

Mailing Address
**98 GORDON ROAD
WILLOWDALE, ONTARIO, CANADA**

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/26/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9. Name and Address of Current Registered Agent BROOKE, RICHARD 218 SWEETWATER CREEK DR E. LONGWOOD FL 32779		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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PC	NAME BROOKE, COLIN A.	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 98 GORDON ROAD	CITY-ST-ZIP WILLOWDALE, ONTARIO,	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPS	NAME BROOKE, BIRGITTA	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 98 GORDON ROAD	CITY-ST-ZIP WILLOWDALE, ONTARIO,	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VCT	NAME BROOKE, BIRGITTA	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 98 GORDON ROAD	CITY-ST-ZIP WILLOWDALE, ONTARIO,	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME BROOKE, MAUD	71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 53 OWEN BLVD.	CITY-ST-ZIP WILLOWDALE, ONTARIO,	81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME BROOKE, ANNE	91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17 DEERING CRESCENT	CITY-ST-ZIP WILLOWDALE, ONTARIO,	101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PR3-DEN/1

3/15/99

416-221-8718

Daytime Phone #

CR2E034 (11/98)

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90115 006 ***150.00



DO NOT WRITE IN THIS SPACE