

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36098 (2)**  
1. Corporation Name  
**951580 ONTARIO LIMITED, A CANADIAN CORPORATION**



Principal Place of Business: **140 KAY CRESCENT, TIMMINS, ONTARIO, CANADA P4N 8A9**  
Mailing Address: **C/O BEN G. NORDELL, P.O. BOX 380755, MURDOCK FL 33908**

3. Date Incorporated or Qualified: **10/24/1991**  
3a. Date of Last Report: **11/15/1995**  
4. FEE Number: **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. 199.03, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **NORDELL, BEN G., 1777 TAMiami TRAIL, SUITE 504, PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

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 in both the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE: *Ben Nordell* 8/16/96

12. OFFICERS AND DIRECTORS

TITLE	CPV	<input type="checkbox"/> DELETE
NAME	BARNES, REGINALD	
STREET ADDRESS	140 KAY CRESCENT	
CITY- ST- ZIP	TIMMINS ONTARIO CANA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARNES, REGINALD	
STREET ADDRESS	140 KAY CRESCENT	
CITY- ST- ZIP	TIMMINS ONTARIO CANA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

800001927508  
-08/20/96--01163--001  
\*\*\*375.00

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)(b), Florida Statutes. I 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 and changed only in an attachment with an address.

SIGNATURE: *Ben Nordell* 8/16/96 941-625-8798

CR2E034 (12/95)