

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** 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. 199.033, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

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 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 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 DELETE
NAME **CPV BARNES, REGINALD**
STREET ADDRESS **140 KAY CRESCENT**
CITY-ST-ZIP **TIMMINS ONTARIO CANA ST**

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NAME **BARNES, REGINALD**
STREET ADDRESS **140 KAY CRESCENT**
CITY-ST-ZIP **TIMMINS ONTARIO CANA**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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*****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 in 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)