

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

FILED
Jun 17 1996 8:00 am
Secretary of State

DOCUMENT # **P36582 (5)**

1. Corporation Name
WEALTH DEVELOPMENT CORPORATION



Principal Place of Business: **130 ALBERT STREET, SUITE 1500 OTTAWA, ONTARIO K1P 5G4 CANADA**
Mailing Address: **C/O INTELLIVEST MGMT., INC. 13535 FEATHER SOUND DR., #125 CLEARWATER FL 34622 US**

3. Date Incorporated or Qualified: **12/10/1991**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business: **21 235 Stafford Rd. West**
2a. Mailing Address: **c/o Sterling Management, Inc.**
22. Suite, Apt. #, etc.: **Suite 103**
27. City & State: **1301 Seminole Blvd., #172 Largo, FL**
23. City & State: **Nepean, Ontario**
28. City & State: **Largo, FL**
24. Zip: **K2H 9C1** Country: **25 Canada**
29. Zip: **34640** Country: **30 USA**

4. FEI Number: **98-0124261**
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
**E. RALPH TIRABASSI
FERGESON, SKIPPER, ET AL
1515 RINGLING BLVD., SUITE 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
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: _____
Signature type for professional and public agents and not for corporations. (b) (c) Registered Agent signature required when terminated. (d) (e)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | PD | 1. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONNELLY, P. JAMES | 2. NAME | |
| STREET ADDRESS | 130 ALBERT STR, STE 1500 | 3. STREET ADDRESS | 235 Stafford Road West, #103 |
| CITY-ST-ZIP | OTTAWA ON | 4. CITY-ST-ZIP | Nepean, Ontario K2H 9C1 Canada |
| TITLE | VD | 5. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VAUGHAN, CRAIG A. | 6. NAME | |
| STREET ADDRESS | 130 ALBERT STR, STE 1500 | 7. STREET ADDRESS | 235 Stafford Road West, #103 |
| CITY-ST-ZIP | OTTAWA ON | 8. CITY-ST-ZIP | Nepean, Ontario K2H 9C1 Canada |
| TITLE | SD | 9. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCBRIDE, ROSS | 10. NAME | |
| STREET ADDRESS | 130 ALBERT STR, STE 1500 | 11. STREET ADDRESS | 235 Stafford Road West, #103 |
| CITY-ST-ZIP | OTTAWA ON | 12. CITY-ST-ZIP | Nepean, Ontario K2H 9C1 Canada |
| TITLE | | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY-ST-ZIP | | 16. CITY-ST-ZIP | |
| TITLE | | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY-ST-ZIP | | 20. CITY-ST-ZIP | |

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 applicable, or on an attachment with an address.

SIGNATURE: **Craig A. Vaughan** 6/12/96 613-721-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)