

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 28 AM 9:18

DOCUMENT # P38731 (6)

1. Corporation Name
72091 MANITOBA LTD., INC

Principal Place of Business Mailing Address
2500 SEVEN EVERGREEN PLACE WINNIPEG, MANITOBA CANADA R3L 2T3 **2500 SEVEN EVERGREEN PLACE WINNIPEG, MANITOBA CANADA R3L 2T3 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
2600 Seven Evergreen Place 2600 Seven Evergreen Place

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

3. Date Incorporated or Qualified **05/08/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **98-0107502** 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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIRES, ANTHONY P., JR.
WOODWARD PIRES & ANDERSON, P.A.
801 LAUREL OAK DRIVE, SUITE 640
NAPLES FL 33963**

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 that of preparer

(P.231) Registered Agent signature required when necessary

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP
NAME	THORSTEINSON, ARNI
STREET ADDRESS	2600 SEVEN EVERGREEN PL
CITY - ST - ZIP	WINNIPEG MANITOBA
TITLE	VP
NAME	MACDONALD, JOHNA
STREET ADDRESS	2600 SEVEN EVERGREEN PL X
CITY - ST - ZIP	WINNIPEG MANITOBA X
TITLE	S
NAME	BLAIR, RICHARD N.
STREET ADDRESS	2600 SEVEN EVERGREEN PL
CITY - ST - ZIP	WINNIPEG MANITOBA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RESIGNED SEPTEMBER 27, 1993
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(a), 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 preparer or I am 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 from an individual with an address.

SIGNATURE: *Arni C. Thorsteinson* **Arni C. Thorsteinson** June 14, 1995 (204) 475-9090

CR2E034 (3-95)