

**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 # **P39683** (8)

1. Corporation Name  
**150666 CANADA INC.**



Principal Place of Business: **955 RICHMOND ROAD OTTAWA, ONTARIO, CANADA K2B 6R1**  
Mailing Address: **955 RICHMOND ROAD OTTAWA, ONTARIO, CANADA K2B 6R1**

3. Date Incorporated or Qualified: **07/17/1992**  
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **52-1788645**  
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. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BRUNTON REGISTERED AGENTS INC.  
4710 NW BOCA RATON BLVD., #101  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	DILAWRI, KEWAL K.	
STREET ADDRESS	5 NESBITT ST.	
CITY - ST - ZIP	ONTARIO, CANADA	
TITLE	VPF	<input checked="" type="checkbox"/> DELETE
NAME	NARINE, RANDY K. L.	
STREET ADDRESS	690 LEVAC DR.	
CITY - ST - ZIP	ORLEANS, ONT. KYA	
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

1.1 TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DILAWRI, KEWAL K.	
1.3 STREET ADDRESS	5 NESBITT ST.	
1.4 CITY - ST - ZIP	WATERLOO, ONTARIO, CANADA, K2H 8C4	
2.1 TITLE	VPF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PROVINCHE, MARC A.	
2.3 STREET ADDRESS	3-118 NW OLIVARD AVE.	
2.4 CITY - ST - ZIP	OTTAWA, ONTARIO, CANADA, K2B 5B7	
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 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 changed, or on an attachment with an address.

SIGNATURE: *Marc Provence* *Marc Provence* Apr 8, 96 (613) 726-0333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)