

**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**  
Mar 19 1996 8:00 am  
Secretary of State

DOCUMENT # **P40455 (8)**

1. Corporation Name  
**936262 ONTARIO INC.**



Principal Place of Business: **130 ALBERT ST., STE. 1500 OTTAWA, ONTARIO K1P 5G4 OTTAWA ON K1P 5-4 US**  
Mailing Address: **130 ALBERT ST., STE. 1500 OTTAWA, ONTARIO K1P 5G4 OTTAWA ON K1P 5-4 US**

3. Date Incorporated or Qualified: **09/14/1992**  
3a. Date of Last Report: **04/03/1995**  
4. FEI Number: **98-0132638**  
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

2. Principal Place of Business  
21. **235 Stafford Rd West**  
22. **103**  
23. **Nepean ON**  
24. **K2H 9C1**  
25. **Canada**  
26. **235 Stafford Rd West**  
27. **103**  
28. **Nepean ON**  
29. **K2H 9C1**  
30. **Canada**

9. Name and Address of Current Registered Agent  
**E. RALPH TIRABASSI  
FERGESSON, SKIPPER, ET AL  
1515 RINGLING BLVD., #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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>MCBRIDE, ROSS W.</b>	
STREET ADDRESS	<b>4001-44 CHARLES ST. W.</b>	
CITY-ST-ZIP	<b>TORONTO, ONT, CANADA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>DONNELLY, P. JAMES</b>	
STREET ADDRESS	<b>29 SPRING CRESS DR.</b>	
CITY-ST-ZIP	<b>NEPEAN, ONT., CANADA</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>VAUGHN, CRAIG A.</b>	
STREET ADDRESS	<b>36 PICKWICK DR.</b>	
CITY-ST-ZIP	<b>NEPEAN, ONT., CANADA</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE	<b>Director and Chairman of Board</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	<b>Director, President and Treasurer</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	<b>Director, V.P. and Secretary</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 or changed, or on an attachment with an address.

SIGNATURE: **Craig A. Vaughan** 3/14/96 613-721-1722

CR2E034 (12/95)