

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 10 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40455 (8)
 1. Corporation Name
936262 ONTARIO INC.



Principal Place of Business 235 STAFFORD ROD WEST SUITE 103 NEPEAN ON CA K2H 9-1 US	Mailing Address 235 STAFFORD RD WEST SUITE 103 NEPEAN ON ON K2H 9C1 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip K2H 9C1
25 Country	30 Country

3. Date Incorporated or Qualified 09/14/1992	3a. Date of Last Report 03/19/1996
4. FEI Number 98-0132638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**E. RALPH TIRABASSI
 FERGESON, SKIPPER, ET AL
 1515 RINGLING BLVD., #100
 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCOF	<input type="checkbox"/> DELETE
NAME	MCBRIDE, ROSS W.	
STREET ADDRESS	4001-44 CHARLES ST. W.	
CITY-ST-ZIP	TORONTO, ONT, CANADA	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	DONNELLY, P. JAMES	
STREET ADDRESS	29 SPRING CRESS DR. % 335	
CITY-ST-ZIP	NEPEAN, ONT, CANADA	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	VAUGHN, CRAIG A.	
STREET ADDRESS	38 PICKWICK DR.	
CITY-ST-ZIP	NEPEAN, ONT, CANADA	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	235 Stafford Rd Suite 103
2.4 CITY-ST-ZIP	Ottawa, Ontario Canada K2H 9C1
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	235 Stafford Rd, Suite 103
3.4 CITY-ST-ZIP	Ottawa, Ontario, Canada K2H 9C1
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 officer 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 an attachment with an address.

SIGNATURE: _____ SIGNATURE BE *McGee-Vorahan* August 20 1997

CR2E034 (4/97)