

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000064836 (8)**

1. Corporation Name
QUARRY BAY II, INC.

Principal Place of Business
**5461 GULF OF MEXICO DR.
#310
LONGBOAT KEY FL 32428**

Mailing Address
**4990 S. TAMiami TR
SARASOTA FL 34231
OC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 107 NORTH DRIVE Suite, Apt. #, etc. 22 ISLINGTON, ONTARIO City & State 23 CANADA Zip 24 M9A4R5		2a. Mailing Address 25 5430 PALMERS POINT CIR Suite, Apt. #, etc. 26 403 City & State 27 SARASOTA FL Zip 28 34231 Country 29 USA		3. Date Incorporated or Qualified 09/17/1993	
		4. FEI Number 98-0136461		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 BRAAM, JOHN 1404 NORTH LAKESHORE DR SARASOTA FL 34231		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5440 PALMERS POINT CIRCLE 83 APT 403 84 City SARASOTA FL 85 34231	
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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 title if applicable.

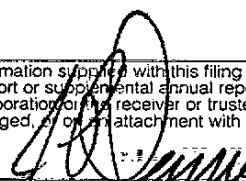
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTAK, THEADORE	1.2 NAME	
STREET ADDRESS	107 NORTH DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ISLINGTON, ONTARIO M9A 4R5	1.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTAK, ALICE	2.2 NAME	
STREET ADDRESS	107 NORTH DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ISLINGTON, ONTARIO M9A 4R5	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, JAMES L	3.2 NAME	
STREET ADDRESS	135 QUEENS PLAT DRIVE, STE 500	3.3 STREET ADDRESS	
CITY - ST - ZIP	ETOBICOKE, ONTARIO CANADA M9W -6V1	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 its 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:

 JAMES L. DENNIS 12 JAN 98

416-733-9454

CR2E034 (10/97)