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FILED
Apr 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

DOCUMENT # P94000010073 (2)

1. Corporation Name

URECON SYSTEMS, INC.



Principal Place of Business

Mailing Address

P. O. BOX 410243
SUITE 1800
MELBOURNE FL 32941-0243
US

1001 DE MAISONNEUVE WEST
SUITE 950
MONTREAL QU H3A-3-8
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1994

4. FEI Number

59-3222462

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

H3A 3C8

30

CANADA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, LEWIS S
50 N. LAURA STREET
SUITE 2800
JACKSONVILLE FL 32202

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 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 PD
NAME MURPHY, PETER
STREET ADDRESS 1800 BOUL BEDARD
CITY-ST-ZIP ST LAZARE QU

DELETE

TITLE SD
NAME MACDONALD, RON
STREET ADDRESS 1800 BOUL BEDARD
CITY-ST-ZIP ST. LAZARE QU

DELETE

TITLE TD
NAME LAJOIE, PIERRE
STREET ADDRESS 1800 BOUL BEDARD
CITY-ST-ZIP ST. LAZARE QU

DELETE

TITLE D
NAME RICHER, NORMAND
STREET ADDRESS 1800 BOUL BEDARD
CITY-ST-ZIP ST. LAZARE QU

DELETE

TITLE D
NAME GAYLARD, GREGG
STREET ADDRESS 1800 BOUL BEDARD
CITY-ST-ZIP ST. LAZARE QU

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 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.

CR2E034 (10/97)