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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000063702			
1. Corporation Name ADMIRAL INVESTMENTS, INC.			
Principal Place of Business 20 EGLINTON AVENUE WEST SUITE 1600 TORONTO, ONTARIO CANADA M4R 2H1		Mailing Address 3099 EAST COMMERCIAL BLVD SUITE 200 PORT LAUDERDALE FL 33308	
2. Principal Place of Business 21 C/O JOSIAS, GOREN, CHEROF, DOODY & EZROL, P.A. Suite, Apt. #, etc. 3099 E. Commercial Blvd., #200		2a Mailing Address 26 C/O JOSIAS, GOREN, CHEROF, DOODY & EZROL, P.A. Suite, Apt. #, etc. 3099 E. Commercial Blvd., #200	
22 City & State Port Lauderdale, Florida		27 City & State Port Lauderdale, Florida	
23 Zip 33308		28 Zip 33308	
24 Country U.S.A.		29 Country U.S.A.	
9. Name and Address of Current Registered Agent JOSIAS, STEVEN L 3099 E. COMMERCIAL BLVD. SUITE 200 FT. LAUDERDALE FL		10. Name and Address of New Registered Agent 81 Name GOREN, SAMUEL S. 82 Street Address (P.O. Box Number is Not Acceptable) 3099 E. Commercial Blvd. 83 Suite 200 84 City Port Lauderdale FL 85 Zip Code 33308	
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 <i>[Signature]</i> DATE 1/25/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PTSD	1.1 TITLE	
NAME	GREEN, DAVID Y	1.2 NAME	
STREET ADDRESS	C/O 20 EGLINTON AVENUE WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO CANADA	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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, with all other like empowered.

SIGNATURE: *David Green*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1999

(416) 487-3883

Date

Daytime Phone #

CR2E034 (1/1/98)