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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000086679 (5)

1. Corporation Name
FORREC U.S., INC.

Principal Place of Business Mailing Address
C/O 111 N. ORANGE AVE **C/O FOLEY & LARDNER**
ORLANDO FL 32801 **P.O. BOX 2193**
ORLANDO FL 32802-2193

000001450600
-04/07/95--01033--023
******200.00 ****200.00**
 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/30/1994**
 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 1028 Whitehead Street **26 P.O. Box 4502**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 Key West, Florida **28 Key West, Florida**
 Zip Country Zip Country
24 33041 **25** **29 33041** **30**

4. FEI Number 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
F & L CORP.
200 LAURA STREET
THIRD FLOOR
JACKSONVILLE FL 32201-0240

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 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 fee if applicable NOTE: Registered Agent signature required when reappointing DATE

12. OFFICERS AND DIRECTORS
 TITLE NAME STREET ADDRESS CITY ST ZIP
 TITLE NAME STREET ADDRESS CITY ST ZIP
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 TITLE NAME STREET ADDRESS CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 11 TITLE Change Addition
P/T/D
 12 NAME **Jeffrey A. McNair**
 13 STREET ADDRESS **9 Blanchard Road**
 14 CITY ST ZIP **Toronto Ontario M4N 3M1 Canada**
 21 TITLE Change Addition
V
 22 NAME **Dennis A. Beebe**
 23 STREET ADDRESS **3701 Duck Avenue**
 24 CITY ST ZIP **Key West, Florida 33040**
 31 TITLE Change Addition
S/D
 32 NAME **Henry Schefter**
 33 STREET ADDRESS **122 Pears Avenue**
 34 CITY ST ZIP **Toronto Ontario M5R 1Y2 Canada**
 41 TITLE Change Addition
D
 42 NAME **Steven A. Moorhead**
 43 STREET ADDRESS **41 Roxborough Street East**
 44 CITY ST ZIP **Toronto M4W 1V5 Ontario Canada**
 51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY ST ZIP
 61 TITLE Change Addition
 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)(b), 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.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeffrey A. McNair

March 21, 1995 (416)696-8686
DATE (Typed) PHONE NUMBER