

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000055142 (0)

1. Corporation Name
VANDERTRUST, INC.

Principal Place of Business
1273 N.W. SPRUCE RIDGE DRIVE
STUART FL 34994

Mailing Address
1273 N.W. SPRUCE RIDGE DRIVE
STUART FL 34994



DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 07/17/1995 | 3a. Date of Last Report 04/02/1996 |
| 4. FEI Number 65-0776267 APPLIED FOR | Applied For 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 | |

| | |
|---|--|
| 2. Principal Place of Business 21 1151 S.W. 30TH Street Suite, Apt. #, etc. 22 Suite F City & State 23 Palm City, Florida Zip 24 34990 | 2a. Mailing Address 26 1151 S.W. 30TH Street Suite, Apt. #, etc. 27 Suite F City & State 28 Palm City, Florida Zip 29 34990 |
|---|--|

9. Name and Address of Current Registered Agent

PORCH, C E
1273 N.W. SPRUCE RIDGE DRIVE
STUART FL 34994

10. Name and Address of New Registered Agent

| |
|---|
| 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's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | D | 1.1 TITLE | D |
| NAME | VANDERHELM, ELAINE | 1.2 NAME | Shishkov, Peter |
| STREET ADDRESS | 1273 N.W. SPRUCE RIDGE DR. | 1.3 STREET ADDRESS | 1271 Walden Circle, PH-301 |
| CITY-ST-ZIP | STUART FL 34994 | 1.4 CITY-ST-ZIP | Mississauga, Ontario L5J 4R4 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | 300002289643--2 |
| STREET ADDRESS | | 2.3 STREET ADDRESS | -09/10/97--01091-014 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | ****165.00 ****165.00 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 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.

APPROVED
AND
FILED

97 SEP -5 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (4/97)



SCHOONER OAKS LIMITED COMPANY

July 25, 1997

Department of State
Division of Corporations
Annual Reports Section
P.O.Box 1500
Tallahassee, Fl
32302-1500

Dear Sir:

Reference: 1997 Profit Corporation Annual Report
Vandertrust, Inc.

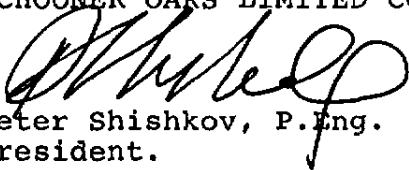
Further to a telephone conversation of today's date, with a representative from your Division, we are enclosing the 1997 Profit Corporation Annual Report for Vandertrust, Inc.

Also enclosed a cheque for \$165.00. As we explained to your representative, we did not receive the 1st Notice, and the 2nd Notice was received on July 24, 1997.

We trust you will find this satisfactory, and if you have any questions, please do not hesitate to contact the undersigned.

Yours very truly

SCHOONER OAKS LIMITED COMPANY


Peter Shishkov, P.Eng.
President.

Encl.