

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.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S16246** (8)
1. Corporation Name
EIGHT HUNDRED, INC.



Principal Place of Business 1376 LANDMARK COURT FT. MYERS FL 33919	Mailing Address P.O. BOX 2139 ST. MARY'S, ONTARIO M4X 1A1 CANADA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 800 438 ONTARIO LIMITED		3. Date Incorporated or Qualified 11/30/1990	3a. Date of Last Report 02/14/1997
Suite, Apt. #, etc. 22 204 PARK LAKE ST.		Suite, Apt. #, etc. 27 61 DELATER ST.		4. FEI Number 65-0228798	Applied For <input type="checkbox"/> Not Applicable
City & State 23 ORLANDO FLORIDA		City & State 28 NIAGARA-ON-THE-LAKE, ONTARIO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32803	Country 25 USA	Zip 29 L0S1J0	Country 30 CANADA	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 EGAN, THOMAS F 204 PARK LAKE STREET ORLANDO FL 32803				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 **THOMAS F. EGAN** *Thomas F. Egan* **8/21/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	D	FURNEY, PHILIP LEROY	1376 LANDMARK COURT FT. MYERS FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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.

SIGNATURE: *Thomas F. Egan* **SIGNATURE REQUIRED**

CR2E034 (4/97)