

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S54978 (9)**

1. Corporation Name: **CESARONI ENTERPRISES, INC.**



Principal Place of Business: **3015 KENNEDY RD STE 101 AGINCOURT, ONTARIO, CANADA 15651-3958**
Mailing Address: **3015 KENNEDY RD STE 101 AGINCOURT, ONTARIO, CANADA 15651-3958**

3. Date Incorporated or Qualified 05/20/1991	3a. Date of Last Report 01/24/1995
4. FEI Number 65-0289988	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt #, etc. City & State Zip Country	22. Mailing Address Suite, Apt #, etc. City & State Zip Country	23. City & State	24. Zip	25. Country	26. Suite, Apt #, etc.	27. City & State	28. Zip	29. Country	30. Zip	31. Country
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9. Name and Address of Current Registered Agent

**CARROLL, JAMES H.
2744 E. COMMERCIAL BLVD.
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81. Name McMillan, Unruh & Davis
82. Street Address (P.O. Box Number is Not Acceptable) 1941 W. Oakland Park Boulevard
83. City Fort Lauderdale
84. City Florida
85. Zip Code FL 33311

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: *Susan Davis, President* **Susan Davis** **February 23, 1996**
Signature of the registered agent of the corporation and, if applicable, the registered agent's name and title are required when reinstating. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CESARONI, TONY		1.2 NAME	
STREET ADDRESS 17 SHERRICK DR		1.3 STREET ADDRESS	
CITY- ST- ZIP GORMELY, ONTARIO CAN		1.4 CITY- ST- ZIP	
TITLE PST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CESARONI, TONY		2.2 NAME	
STREET ADDRESS 17 SHERRICK DR		2.3 STREET ADDRESS	
CITY- ST- ZIP GORMELY, ONTARIO CAN		2.4 CITY- ST- ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as changed, or on an attachment with an address.

SIGNATURE: *Tony Cesaroni* **Tony Cesaroni** **February 22, 1996** **(416) 292-2225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)