

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 14 AM 8:08

**DOCUMENT # S55988 (7)**

1. Corporation Name  
**FIRST FLORIDA ECHO INC.**

Principal Place of Business      Mailing Address  
**297 KING STREET WEST  
KITCHENER, ONTARIO  
CANADA N2G 1B1  
CA**      **P.O. BOX 276, STN. C  
279 KING STREET WEST  
KITCHENER, ONTARIO CANADA N2G 1B1**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/30/1991**      **06/16/1994**

4. FEI Number      Applied For  
**59-3099775**      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

2. Principal Place of Business      2a. Mailing Address  
21 State, Apt. #, etc.      26 State, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent  
**FISHER & SAULS, P.A.  
100 SECOND AVENUE SOUTH  
SUITE 701  
ST. PETERSBURG FL 33701**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature must be printed name of registered agent and the 7 is applicable)      (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTZ, PAUL J.	2. NAME	
STREET ADDRESS	\$7 HEINS AVENUE	3. STREET ADDRESS	
CITY-STATE-ZIP	KITCHENER, ONTARIO	4. CITY-STATE-ZIP	
TITLE	VD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUPRE, ALAN S.	22. NAME	
STREET ADDRESS	89 BRIARGATE DRIVE	23. STREET ADDRESS	
CITY-STATE-ZIP	KITCHENER, ONTARIO	24. CITY-STATE-ZIP	
TITLE	VD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, TIMOTHY M	32. NAME	
STREET ADDRESS	139 DUNBAR ROAD SOUTH	33. STREET ADDRESS	
CITY-STATE-ZIP	WATERLOO, ONTARIO	34. CITY-STATE-ZIP	
TITLE	S	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McMULLAN, ELIZABETH	42. NAME	
STREET ADDRESS	88 LENNOX CRESCENT	43. STREET ADDRESS	
CITY-STATE-ZIP	KITCHENER, ONTARIO	44. CITY-STATE-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 110.07(5)(a), 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 (changed), or on an attachment with an address.

SIGNATURE: *E. McMullan*      ELIZABETH McMULLAN      FEBRUARY 27, 1995      519-745-4050  
(Signature Printed)      (Date)      (Telephone Printed)