FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name S55988 (7)FIRST FLORIDA ECHO INC. Principal Place of Business Mailing Address 297 KING STREET WEST P.O. BOX 276. STN. C KITCHENER, ONTARIO 279 KING STREET WEST DO NOT WRITE IN THIS SPACE CANADA N2G 1BI KITCHENER, ONTARIO CANADA N2G -1B1 3. Date Incorporated or Qualified 05/30/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3099775 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Žip Country Country 8. This corporation owes or has paid the current year intangible Yes □ No 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISHER & SAULS, P.A. 100 SECOND AVENUE SOUTH Street Address (P.O. Box Number is Not Acceptable) SUITE 701 83 ST. PETERSBURG FL 33701 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 signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE 1.1 TITLE TITLE Change NAME MOTZ, PAUL J. 1.2 NAME **57 HEINS AVENUE** STREET ADDRESS 1.3 STREET ADORESS KITCHENER, ONTARIO CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2 1 TITLE TITLE VAN KOUGHNET, GORDON L. 2.2 NAME NAME 155 WEAVER STREET 2 3 STREET ADDRESS STREET ADDRESS CAMBRIDGE, ONTARIO CANADA N3C-1W8 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE FLEMING, TIMOTHY M 3.2 NAME NAME 139 DUNBAR ROAD SOUTH STREET ADDRESS 3.3 STREET ADDRESS WATERLOO, ONTARIO CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE MCMULLAN, ELIZABETH 4, 2 NAME NAME 88 LENNOX CRESCENT STREET ADDRESS 4.3 STREET ADDRESS KITCHENER, ONTARIO CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE MOTZ, MARGARET NAME 5.2 NAME STREET ADDRESS **UNIT 40-210 HIGHLAND CRESCENT** 5.3 STREET ADDRESS KITCHENER ON CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE Addition Change TITLE 6.1 TITLE **UHRIG, ANN** NAME 6.2 NAME

14. I 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 trusted 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 aguitachment with an address. ELIZABETH SIGNATURE: MEMULLAN

63 STREET ADDRESS

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BRESLAU ON

STREET ADDRESS