


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

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90047 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S55988

1. Corporation Name
FIRST FLORIDA ECHO INC.



Principal Place of Business 297 KING STREET WEST KITCHENER, ONTARIO CANADA N2G 1B1 CA	Mailing Address P.O. BOX 276, STN. C 279 KING STREET WEST KITCHENER, ONTARIO CANADA N2G -1B1
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1991	
21		26		4. FEI Number 59-3099775	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FISHER & SAULS, P.A. 100 SECOND AVENUE SOUTH SUITE 701 ST. PETERSBURG FL 33701				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CH/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTZ, PAUL J.	1.2 NAME	
STREET ADDRESS	57 HEINS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KITCHENER, ONTARIO	1.4 CITY-ST-ZIP	
TITLE	V/F <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN KOUGHNET, GORDON L.	2.2 NAME	
STREET ADDRESS	155 WEAVER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE, ONTARIO CANADA N3C-1W6	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, TIMOTHY M	3.2 NAME	
STREET ADDRESS	139 DUNBAR ROAD SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	WATERLOO, ONTARIO	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLAN, ELIZABETH	4.2 NAME	
STREET ADDRESS	88 LENNOX CRESCENT	4.3 STREET ADDRESS	
CITY-ST-ZIP	KITCHENER, ONTARIO	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTZ, MARGARET	5.2 NAME	
STREET ADDRESS	UNIT 40-210 HIGHLAND CRESCENT	5.3 STREET ADDRESS	
CITY-ST-ZIP	KITCHENER ON	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UHRIG, ANN	6.2 NAME	D BRADLEY, ANN (formerly Uhrig)
STREET ADDRESS	RR #2	6.3 STREET ADDRESS	RR # 2
CITY-ST-ZIP	BRESLAU ON	6.4 CITY-ST-ZIP	BRESLAU ON

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 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, with all other like empowered.

SIGNATURE: Elizabeth McMullan April 14, 1999 (519) 745-4050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001645

CR2E034 (1/1/98)