


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

FILED  
Feb 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S64087 (7)  
1. Corporation Name  
CANTEAL FLORIDA, INC.

Principal Place of Business  
107 NORTH DRIVE  
ISLINGTON, ONTARIO M9A 4R5

Mailing Address  
4990 S. TAMiami TR  
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1991	
21		26	5430 PALLES POINT CIR	4. FEI Number	65-0275656
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27	403	Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	SARASOTA FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	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	
		29	34231		
		30	USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRAAM, JOHN 1404 NORTH LAKESHORE DR. SARASOTA FL 34231		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		5430 PALLES POINT CIRCLE	
		83 APT 403	
		84 City SARASOTA FL 85 Zip Code 34231	

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.

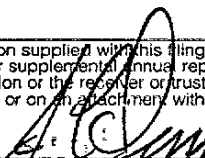
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTAK, THEADORE W.	1.2 NAME	
STREET ADDRESS	107 NORTH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLINGTON ONTARIO	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTAK, ALICE M.	2.2 NAME	
STREET ADDRESS	107 NORTH DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ISLINGTON ONTARIO	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, JAMES L	3.2 NAME	
STREET ADDRESS	135 QUEENS PLATE DR., STE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	ETOBICOKE, ONTARIO CANADA M9W -6V1	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 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:

 JAMES L. DENNIS 12 JAN 98 416-133 9456

CR2E034 (10/97)