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Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V13378** (7)
1. Corporation Name
WARJON, INC.



Principal Place of Business: **4655 SALISBURY ROAD SUITE 222 JACKSONVILLE FL 32256**
Mailing Address: **4655 SALISBURY ROAD SUITE 222 JACKSONVILLE FL 32256-0858**

3. Date Incorporated or Qualified: **02/10/1992** 3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-3110805** Applied For: 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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**ROWE AND ROWE P.A.
9471 BAYMEADOWS ROAD
SUITE 203
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code **FL**

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

TITLE: **D** DELETE
NAME: **ARTHUR, MURRAY C.**
STREET ADDRESS: **1604 GRANT AVENUE**
CITY-ST-ZIP: **CORNWALL, ONTARIO CA**
TITLE: **D** DELETE
NAME: **WARDEN, MICHAEL GEORGE**
STREET ADDRESS: **103 SYDNEY STREET**
CITY-ST-ZIP: **CORNWALL, ONTARIO CA**
TITLE: **D** DELETE
NAME: **JONES, E. DONALD**
STREET ADDRESS: **R.R. #2**
CITY-ST-ZIP: **IROQUOIS, ONTARIO CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *[Signature]* **MICHAEL G. WARDEN** Date: **Jan 27/97** Daytime Phone #: **613-938-1920**

CR2E034 (9/96)