


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

FILED
Jan 28 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 # **V42046** (5)
1. Corporation Name
DUNDAS HOLDINGS, INC.



Principal Place of Business 244 KING ST., WEST DUNDAS, ONTARIO L9H 1V9 CA	Mailing Address 244 KING ST., WEST DUNDAS, ONTARIO L9H 1V9 CA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/05/1992	
				4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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	

9. Name and Address of Current Registered Agent WILSON, WARREN A. III 31608 US HIGHWAY 19 NORTH PALM HARBOR FL				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVIES, MICHAEL JAMES			1.2 NAME	McCUNNOCH, DAVID SWINTON		
STREET ADDRESS	152 PLEASANT AVE. H			1.3 STREET ADDRESS	25 SUTER CRESCENT		
CITY-ST-ZIP	DUNDAS, ONTARIO L9H 3V2			1.4 CITY-ST-ZIP	DUNDAS, ONTARIO L9H 6R7		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SORBY, CHRISTOPHER J			2.2 NAME	WHITE, KEITH		
STREET ADDRESS	7 ELIZABETH CT. H			2.3 STREET ADDRESS	8 HIGHLAND PARK DRIVE		
CITY-ST-ZIP	DUNDAS, ONTARIO L9H 3M1			2.4 CITY-ST-ZIP	DUNDAS, ONTARIO L9H 3L8		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCUNNOCH, AMELIA BROWN			3.2 NAME			
STREET ADDRESS	25 SUTER CRESCENT H			3.3 STREET ADDRESS			
CITY-ST-ZIP	DUNDAS, ONTARIO L9H 6R7			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, KEITH			4.2 NAME			
STREET ADDRESS	95 SUNRISE CRESCENT			4.3 STREET ADDRESS			
CITY-ST-ZIP	DUNDAS, ONTARIO L9H 3S1			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 _____ 1998

CR2E034 (10/97)