FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:24

DOCUMENT # **V62706** **(9)**

1. Corporation Name
WEALTH DEVELOPMENT CORPORATION U.S., INC.

Principal Place of Business
2333 FEATHER SOUND DR
UNIT 511
CLEARWATER FL

Mailing Address
C/O INTELLIVEST MANAGEMENT, INC.
ONE CORPORATE DRIVE, #525
CLEARWATER FL 34622
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1992
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21 850 S. Tamiami Trail
Suite, Apt. #, etc.
22
City & State
23 Sarasota, FL
Zip
24 34236
Country
25 USA

2a. Mailing Address
26 c/o Intellivest Management, Inc.
Suite, Apt. #, etc.
27 13535 Feather Sound Dr., #125
City & State
28 Clearwater, FL
Zip
29 34622
Country
30 USA

4. FEI Number: 59-3142689 ☐ 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

9. **Name and Address of Current Registered Agent**

BACON, DAVID A
2059 FIRST AVE N
ST PETERSBURG FL 33713

10. **Name and Address of New Registered Agent**

81 Name: Ralph Turbessi
82 Street Address (P.O. Box Number is Not Acceptable): 1515 Ringling Blvd, Suite 100
83
84 City: Sarasota FL 85 Zip Code 34236

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] Ralph Turbessi
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	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, ROSS	1 2 NAME	
STREET ADDRESS	130 ALBERT STREET SUITE 1500	1 3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA ONTARIO CANAD	1 4 CITY-ST-ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, P JAMES	2 2 NAME	
STREET ADDRESS	130 ALBERT STREET SUITE 1500	2 3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA ONTARIO CANAD	2 4 CITY-ST-ZIP	
TITLE	STD	3 1 TITLE	☐ Change ☐ Addition
NAME	VAUGHAN, CRAIG A	3 2 NAME	
STREET ADDRESS	130 ALBERT STREET SUITE 1500	3 3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA ONTARIO CANAD	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] Craig A. Vaughan Feb 28/1995 613-782-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP