


FILED

Sep 10 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 # V62706 (9) 1. Corporation Name WEALTH DEVELOPMENT CORPORATION U.S., INC.			
Principal Place of Business STERLING MANAGEMENT, INC. 1301 SEMINOLE BLVD LARGO FL 34640 US		Mailing Address C/O INTELLIVEST MANAGEMENT, INC. 18635 FEATHER SOUND DR., #125 CLEARWATER FL 34622 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 <i>235 Stafford Rd.</i> 27 Suite, Apt. #, etc. 28 <i>Suite 103</i> 29 City & State <i>Nepesin, Ontario</i> 30 Zip Country <i>K2H 9C1 Canada.</i>	
9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> E. RALPH TIRABASSI 1515 RINGLING BLVD SUITE 100 SARASOTA FL 34230 </div> <div style="width: 15%;"> 81 Name 82 Street Address 83 84 City </div> </div>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, Such change was authorized by the corporation 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)			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MCBRIDE, ROSS 100 ALBERT STREET SUITE 1500 OTTAWA ONTARIO CANAD	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONNELLY, P JAMES 100 ALBERT STREET SUITE 1500 OTTAWA ONTARIO CANAD	<input type="checkbox"/> DELETE	
NAME STREET ADDRESS CITY-ST-ZIP	VAUGHAN, CRAIG A 130 ALBERT STREET SUITE 1500 OTTAWA ONTARIO CANAD	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
13.			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D ROSS 235 Nep	<input type="checkbox"/> DELETE	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	235 Nep	<input type="checkbox"/> DELETE	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VST 22 Nep	<input type="checkbox"/> DELETE	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> DELETE	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> DELETE	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> DELETE	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1992		3a. Date of Last Report 06/17/1996	
4. FEI Number 59-3142689		Applied For	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		10. Name and Address of New Registered Agent	
E. RALPH TIRABASSI 1515 RINGLING BLVD SUITE 100 SARASOTA FL 34230	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City	85
		<div style="text-align: right;"> FL </div>	

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 : Reg stored Agent signature required when reinstating)

DATE _____

[illegible]

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 of 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 charged, or on an attachment with an address.

SIGNATURE:

STANDARD CREDIT VOUCHER

April 18 1972

CP2E034 (4/97)