

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 24 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P11880 (2)**

1. Corporation Name
590457 ONTARIO LIMITED, CORPORATION

Principal Place of Business	Mailing Address
35 SAN PEDRO DR HAMILTON, ONTARIO L9N 1T8 HAMILTON ON L9C 2-4 US	35 SAN PEDRO DRIVE HAMILTON, ONTARIO L9N 1T8 HAMILTON ON L9C2C US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/22/1986	3a. Date of Last Report 04/08/1994
4. FEI Number 98-0082339	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 All as Above except code	26 All as above except code
22 Suite, Apt. #, etc. and Country	27 Suite, Apt. #, etc. and country
23 City & State	28 City & State
24 Zip Country	29 Zip Country
L9C 2C4 Canada	L9C 2C4 Canada

9. Name and Address of Current Registered Agent

**SCOTT, JEAN
1000 GULF BLVD. #301
INDIAN ROCKS BEACH FL 34635**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: Jeane Scott DATE: 4/14/95

Signature (in ink or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCOTT, WALTER, JR.
STREET ADDRESS	38 SENATOR AVENUE
CITY - ST - ZIP	HAMILTON, ONT., CAN.
TITLE	SD
NAME	MCCORMICK, JOSEPH L.
STREET ADDRESS	35 SAN PEDRO DRIVE
CITY - ST - ZIP	HAMILTON ON
TITLE	T
NAME	SCOTT, JEAN
STREET ADDRESS	1000 GULF BLVD. 301
CITY - ST - ZIP	INDIAN ROCKS BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph L. Mc Cormick January 27, 1995 (905) 318-6959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filing Office #)

Joseph L. Mc Cormick (Secretary)