

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000547 (1)**

1. Corporation Name

**ASCOT CORPORATION OF DELAWARE**



Principal Place of Business: **% 605 EAST ROBINSON STREET, SUITE 400 ORLANDO FL 32801**  
Mailing Address: **% 605 EAST ROBINSON STREET, SUITE 400 ORLANDO FL 32801**

3. Date Incorporated or Qualified <b>12/08/1992</b>	3a. Date of Last Report <b>03/22/1995</b>
4. FEI Number <b>51-0344476</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SHENOY, UDAY P</b> <b>605 EAST ROBINSON STREET, SUITE 400</b> <b>ORLANDO FL 32801</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	<b>FL</b>

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 re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANSAR, MIAN D</b>	1.2 NAME	
STREET ADDRESS	<b>7 OLD PARK LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON WI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANSAR, ERIKA</b>	2.2 NAME	
STREET ADDRESS	<b>7 OLD PARK LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON W.</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANSAR, HANAH M</b>	3.2 NAME	
STREET ADDRESS	<b>7 OLD PARK LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON W.</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSHD, ASAD A</b>	4.2 NAME	
STREET ADDRESS	<b>7 OLD PARK LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON W.</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHENOY, UDAY P</b>	5.2 NAME	
STREET ADDRESS	<b>605 EAST ROBINSON STREET, SUITE 400</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	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 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: **ASAD A. RUSHD - SECRETARY** Date: **March 01, 1996**

CR2E034 (12/95)