

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

**FILED**

**Mar 19 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 # F92000000547 (1)**

1. Corporation Name  
**ASCOT CORPORATION OF DELAWARE**



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

3. Date Incorporated or Qualified **12/08/1992** 3a. Date of Last Report **04/18/1996**  
4. FEI Number **51-0344476** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHENOY, UDAY P  
605 EAST ROBINSON STREET, SUITE 400  
ORLANDO FL 32801**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 Signature Type The period of time of registration agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANSAR, MIAN D	12 NAME	/	
STREET ADDRESS	7 OLD PARK LANE	13 STREET ADDRESS		
CITY- ST- ZIP	LONDON WI	14 CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSAR, ERIKA	22 NAME		
STREET ADDRESS	7 OLD PARK LANE	23 STREET ADDRESS		
CITY- ST- ZIP	LONDON W.	24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANSAR, HANAH M	32 NAME	/	
STREET ADDRESS	7 OLD PARK LANE	33 STREET ADDRESS		
CITY- ST- ZIP	LONDON W.	34 CITY- ST- ZIP		
TITLE	SV <input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHD, ASAD A	42 NAME		
STREET ADDRESS	7 OLD PARK LANE	43 STREET ADDRESS		
CITY- ST- ZIP	LONDON W.	44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHENOY, UDAY P	52 NAME	/	
STREET ADDRESS	605 EAST ROBINSON STREET, SUITE 400	53 STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32801	54 CITY- ST- ZIP		
TITLE	<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY- ST- ZIP		64 CITY- ST- ZIP		

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 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: **ASAD R. ASAD RUSHD** 2/28/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SECRETARY** Date **2/28/97** District No. \*

CR2E034 (9/96)