

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

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000547 (1)**  
 1. Corporation Name  
**ASCOT CORPORATION OF DELAWARE**



Principal Place of Business <b>% 605 EAST ROBINSON STREET, SUITE 400          ORLANDO FL 32801</b>	Mailing Address <b>% 605 EAST ROBINSON STREET, SUITE 400          ORLANDO FL 32801</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/08/1992</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>51-0344476</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SHENOY, UDAY P                  605 EAST ROBINSON STREET, SUITE 400                  ORLANDO FL 32801</b>				81 Name	FL 85 Zip Code
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

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	DATE

Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSAR, MIAN D	1.2 NAME	
STREET ADDRESS	7 OLD PARK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON WI	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSAR, ERIKA	2.2 NAME	
STREET ADDRESS	7 OLD PARK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON W.	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSAR, HANAH M	3.2 NAME	
STREET ADDRESS	7 OLD PARK LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON W.	3.4 CITY-ST-ZIP	
TITLE	SV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHD, ASAD A	4.2 NAME	
STREET ADDRESS	7 OLD PARK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON W.	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHENOY, UDAY P	5.2 NAME	
STREET ADDRESS	605 EAST ROBINSON STREET, SUITE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	5.4 CITY-ST-ZIP	
TITLE		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 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. A. RUSHD** **MARCH 03, 1998**

CR2E034 (10/97)