

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000210 (5)

1. Corporation Name

CORIN USA LIMITED, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**CHESTERTON LANE
CHRENCETER, GLOUCESTERSHIRE
ENGLAND**

Mailing Address
**10500 UNIV CENTER DR.
#130
TAMPA FL 33612
US**

3. Date Incorporated or Qualified
01/19/1993

3a. Date of Last Report
03/07/1994

4. FEI Number
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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**THOMAS, C.J.M.
10500 UNI CENTRE DR.
#130
TAMPA FL 33612**

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	GIBSON, PETER	1.2 NAME	
STREET ADDRESS	QUONLEY COTTAGE, BESBURY COMMON	1.3 STREET ADDRESS	
CITY- ST- ZIP	MINCHINHAMPTON, GLOU, ENGLAND	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, C.J.M.	2.2 NAME	
STREET ADDRESS	16603 BLENHEIM DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	LUTZ FL	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, J.O.	3.2 NAME	
STREET ADDRESS	FIELD COTTAGES, MARLE HILL	3.3 STREET ADDRESS	
CITY- ST- ZIP	GLOUCESTERSHIRE, ENGLAND	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 110.07(3)(4), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.J.M. THOMAS 17 March 95

Date

Signature Phone #

813 977 4469