

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000001398 (5)  
 1. Corporation Name

SEVENOAKS HOLDINGS LIMITED, INC.

95 AUG - 7 PM 2:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
 P.O. BOX N8318 NASSAU BAHAMAS P.O. BOX N8318 NASSAU BAHAMAS

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 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
 03/23/1995  
 4. FEI Number APPLIED FOR 98-0153751 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

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
 417 E. VIRGINIA ST., #1  
 TALLAHASSEE FL 32301

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 of the President of the Corporation and the Registered Agent

(If the Registered Agent is not a Director, the Signature of the Registered Agent is required.)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC KING, JOHN E P.O. BOX CB11512 NASSAU BAHAMAS	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD CLEARE, ARLENE C P.O. BOX CB11512 NASSAU BAHAMAS	21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	S PYFROM, CONCHITA P.O. BOX N8920 NASSAU BAHAMAS	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5000001915005  
 -08/07/96-01016-022  
 \*\*\*\*293.75 \*\*\*\*293.75

*A. Alar*  
 8-7-96

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed or not an attachment with an address).

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 6, 1996 (809) 326 6437

CR2E034 (3/96)