

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

**FILED**  
**Mar 12 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 # F95000001398 (5)**

1. Corporation Name  
**SEVENOAKS HOLDINGS LIMITED, INC.**



Principal Place of Business  
**P.O. BOX N8318 NASSAU BAHAMAS**

Mailing Address  
**P.O. BOX N8318 NASSAU BAHAMAS**

3. Date Incorporated or Qualified **03/23/1995** 3a. Date of Last Report **08/07/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **98-0153751** Applied For  Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>KING, JOHN E</b>	
STREET ADDRESS	<b>P.O. BOX CB11512</b>	
CITY-ST-ZIP	<b>NASSAU BAHAMAS</b>	<i>N/A</i>
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CLEARE, ARLENE C</b>	
STREET ADDRESS	<b>P.O. BOX CB11512</b>	
CITY-ST-ZIP	<b>NASSAU BAHAMAS</b>	<i>N/A</i>
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PYFROM, CONCHITA</b>	
STREET ADDRESS	<b>P.O. BOX N8920</b>	
CITY-ST-ZIP	<b>NASSAU BAHAMAS</b>	<i>N/A</i>
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, JOANNA A.</b>	
STREET ADDRESS	<b>PO BOX N8318</b>	
CITY-ST-ZIP	<b>NASSAU, BAHAMAS.</b>	<i>N/A</i>
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DAVIS, JOANNA A.</b>	
1.3 STREET ADDRESS	<b>P.O. BOX N8318</b>	
1.4 CITY-ST-ZIP	<b>NASSAU, BAHAMAS</b>	<i>N/A.</i>
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 4, 1997.*

*(242) 326 6437*

Date

Daytime Phone #

0629481

CR2E034 (9/96)