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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90082 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002005

1. Corporation Name
MID-KENT DEVELOPMENTS LIMITED, INC.

Principal Place of Business 1858 RINGLING BLVD SARASOTA FL 34236 US	Mailing Address 1858 RINGLING BLVD SARASOTA FL 34236 US
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DO NOT WRITE IN THIS SPACE

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	29
25	30

3. Date Incorporated or Qualified 04/19/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 98-0160268	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GLENDINNING, RENE M
1858 RINGLING BLVD
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	MURRAY, JOHN P.S.	
STREET ADDRESS	OAKWOOD, HIGHTOWN HILL, RINGWOOD	
CITY-ST-ZIP	HANTS BH243HQ U.K.	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	MURRAY, STEPHEN J	
STREET ADDRESS	OAKWOOD, HIGHTOWN HILL, RINGWOOD	
CITY-ST-ZIP	HANTS BH243HQ U.K.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, GLYNIS	
STREET ADDRESS	OAKWOOD, HIGHTOWN HILL, RINGWOOD	
CITY-ST-ZIP	HANTS BH243HQ U.K.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Murray, John P.S.	
1.3 STREET ADDRESS	#4 Saxon Place	
1.4 CITY-ST-ZIP	Lymington, Hampshire SO41 9EZ UK	
2.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Murray, Stephen J.	
2.3 STREET ADDRESS	#4 Saxon Place	
2.4 CITY-ST-ZIP	Lymington, Hampshire SO41 9EZ UK	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Murray, Glynis	
3.3 STREET ADDRESS	#4 Saxon Place	
3.4 CITY-ST-ZIP	Lymington, Hampshire SO41 9EZ UK	
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 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, with all other like empowered.

SIGNATURE:  DATE: **4/21/98** DAYTIME PHONE #: **941-366-4617**

CR2E034 (11/98)