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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90012 038 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000002549

1. Corporation Name
STIRLING COOKE NORTH AMERICAN HOLDINGS LTD., INC



Principal Place of Business
**2801 FRUITVILLE ROAD
 SUITE 240
 SARASOTA FL 34237**

Mailing Address
**P O BOX 49077
 SUITE 240
 SARASOTA FL 34230-6077
 US**

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
05/07/1997

4. FEI Number
51-0354927

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**F&L CORP
 THE GREENLEAF BLDG, 200 LAURA STREET
 JACKSONVILLE FL 32202**

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

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	JONES, GEORGE W	
STREET ADDRESS	65 LEADENHALL STREET	
CITY-ST-ZIP	LONDON EC3A 2AD ENGLAND	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOUSTON, KAY	
STREET ADDRESS	2801 FRUITVILLE ROAD, STE 240	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COOKE, PENELOPE A	
STREET ADDRESS	11 VICTORIA ST., 3RD FL	
CITY-ST-ZIP	HAMILTON HM11, BERMUDA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATEL, SANJAY H	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY	
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	NICHOLAS MARK COOKE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHAIRMAN OF BOARD, CEO	
1.3 STREET ADDRESS	11 VICTORIA ST., 3RD FL	
1.4 CITY-ST-ZIP	HAMILTON, HM11 BERMUDA	
2.1 TITLE	V ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOUSTON, KAY	
2.3 STREET ADDRESS	6311 ATRIUM DRIVE, #100	
2.4 CITY-ST-ZIP	BRADENTON, FL 34202	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COOKE, PENELPPE	
3.3 STREET ADDRESS	11 VICTORIA ST., 3RD FL	
3.4 CITY-ST-ZIP	HAMILTON, HM11 BERMUDA	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHAEL PRUZAN	
4.3 STREET ADDRESS	85 BROAD ST.	
4.4 CITY-ST-ZIP	NEW YORK, NY	
5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NICHOLAS BROWN	
5.3 STREET ADDRESS	65 LEADENHALL ST	
5.4 CITY-ST-ZIP	LONDON, EC3A 2AD ENGLAND	
6.1 TITLE	COO, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LEN QUICK	
6.3 STREET ADDRESS	5400 LBJ FREEWAY, #550	
6.4 CITY-ST-ZIP	DALLAS, TX 75240	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *K Harris*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99
 Date

Daytime Phone #

CR2E034 (1/98)