

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L29749 (3)
1. Corporation Name
VIRGIN TERRITORY REPRESENTATIVES, INC.

Principal Place of Business Mailing Address
C/O TAYLOR R ZIEGENBEIN 1501 W COLONIAL DRIVE STE 102 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/15/1989** 3a. Date of Last Report **03/01/1994**
4. FEI Number **59-2998680** 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**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**ZIEGENBEIN, TAYLOR R
1501 W COLONIAL DR
STE 102
ORLANDO FL 32804**

10. Name and Address of New Registered Agent
81 Name **Michelle ZIEGENBEIN**
82 Street Address (P.O. Box Number is Not Acceptable) **2114 Hillcrest St**
83
84 City **Orlando** FL 85 Zip Code **32803**

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 **Michelle ZIEGENBEIN, CPA** (Signature, typed or printed name of registered agent and title if applicable) DATE **7/24/95**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BRANSON, R C N
STREET ADDRESS	ASHDOWN HOUSE-HIGH ST.
CITY - ST - ZIP	CRAWLEY, W SUSSEX, UK
TITLE	D
NAME	PRIMROSE NE
STREET ADDRESS	ASHDOWN HOUSE-HIGH ST
CITY - ST - ZIP	CRAWLEY W SUSSEX, UK
TITLE	D
NAME	SIMMS, R H C
STREET ADDRESS	ASHDOWN HOUSE-HIGH ST.
CITY - ST - ZIP	CRAWLEY, W SUSSEX, UK
TITLE	D
NAME	BRYON, P.A.G.
STREET ADDRESS	ASHDOWN HOUSE-HIGH ST.
CITY - ST - ZIP	CRAWLEY, W SUSSEX, UK
TITLE	D
NAME	GARDNER, R A W
STREET ADDRESS	ASHDOWN HOUSE-HIGH ST.
CITY - ST - ZIP	CRAWLEY, W SUSSEX, UK
TITLE	S
NAME	AVANN, A
STREET ADDRESS	ASHDOWN HOUSE-HIGH ST.
CITY - ST - ZIP	CRAWLEY, W SUSSEX, UK

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

SIGN HERE

14. I do hereby certify that the information supplied with this report is truthfully furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report by 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 proprietor 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, on an attachment with an address.

SIGNATURE: _____ DATE: **JULY 28 1995**

CR2E034 (3/95)