

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 698570 (9)

1. Corporation Name

SPARKNIGHT (U.S.), INC.



Principal Place of Business

Mailing Address

5840-C SOUTH SEMORAN BLVD
ORLANDO FL 32822
US

% NICHOLAS A POPE
215 NO EOLA DR
ORLANDO FL 32801
US

3. Date Incorporated or Qualified
08/12/1981

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 90 101 Howard St.

22 City & State

27 450

23 Zip Country

28 San Francisco, CA

24 Zip Country

29 4105 30 San Francisco

4. FEI Number

94-2802065

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPE, NICHOLAS A
% LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 NO EOLA DR
ORLANDO FL 32802

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LIEW, CHIEN E
STREET ADDRESS 5840 C, SOUTH SEMORAN BLVD
CITY-ST-ZIP ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME KAY, RANDALL E
STREET ADDRESS 101 HOWARD ST. STE. 450
CITY-ST-ZIP SAN FRANCISCO CA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS
NAME BADER, J. L
STREET ADDRESS 101 HOWARD ST. STE. 450
CITY-ST-ZIP SAN FRANCISCO CA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME KAY, RANDALL E
STREET ADDRESS 101 HOWARD STREET, SUITE 450
CITY-ST-ZIP SAN FRANCISCO CA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME TAWASHA, CAROLYN
STREET ADDRESS 101 HOWARD ST. STE. 450
CITY-ST-ZIP SAN FRANCISCO CA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL E. KAY

4/26/96

(415) 543-1188

Date

Daytime Phone #

CR2E034 (12/95)

4/30/96