

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 698570 (9)
1. Corporation Name
SPARKNIGHT (U.S.), INC.



Principal Place of Business 5840-C SOUTH SEMORAN BLVD ORLANDO FL 32822 US	Mailing Address C/O 101 HOWARD ST. STE 450 SAN FRANCISCO FL 94105
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1981		3a. Date of Last Report 04/30/1996	
21	26	4. FEI Number 94-2802065		Applied For		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LIEW, CHIEN E			1.2 NAME			
STREET ADDRESS	5840 C, SOUTH SEMORAN BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAY, RANDALL E			2.2 NAME			
STREET ADDRESS	101 HOWARD ST. STE. 450			2.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			2.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BADER, J. L			3.2 NAME			
STREET ADDRESS	101 HOWARD ST. STE. 450			3.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAY, RANDALL E			4.2 NAME			
STREET ADDRESS	101 HOWARD STREET, SUITE 450			4.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TAWASHA, CAROLYN			5.2 NAME			
STREET ADDRESS	101 HOWARD ST. STE. 450			5.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: CAROLYN J. TAWASHA **CAROLYN J. TAWASHA** 8/7/97 (415) 543-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)