

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

FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 849119 (3)

1. Corporation Name

SHOP & STORE INVESTMENTS COMPANY LIMITED

Principal Place of Business

222 W. COMSTOCK AVE., SUITE 101
P.O. BOX 1984
WINTER PARK FL 32789
US

Mailing Address

222 W. COMSTOCK AVE., SUITE 101
P.O. BOX 1984
WINTER PARK FL 32789-4272
US



2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/13/1981

3a. Date of Last Report

09/23/1996

4. FEI Number

59-2159163

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

9. Name and Address of Current Registered Agent

GODBOLD, GENE H.
222 WEST COMSTOCK AVE.
SUITE 101
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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 DV
NAME GREENWOOD, GEOFFREY BRIAN
STREET ADDRESS 35 THE GROVE
CITY-ST-ZIP ILKEY, ENG

TITLE D
NAME URRY, PATRICIA
STREET ADDRESS 35 THE GROVE
CITY-ST-ZIP ILKEY, ENG

TITLE PD
NAME URRY, STEWART WALLACE
STREET ADDRESS 35 THE GROVE
CITY-ST-ZIP ILKEY, ENG.

TITLE AS
NAME GODBOLD, GENE
STREET ADDRESS 222 WEST COMSTOCK AVE., SUITE 101
CITY-ST-ZIP WINTER PARK FL

TITLE D
NAME GREENWOOD, DAVID
STREET ADDRESS 35 THE GROVE
CITY-ST-ZIP ILKEY, ENG.

TITLE D
NAME GREENWOOD, ENID
STREET ADDRESS 35 THE GROVE
CITY-ST-ZIP ILKEY, ENG.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

1-7-97 407-647-4418