

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

FILED
Mar 19 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 # F92000000547 (1)

1. Corporation Name

ASCOT CORPORATION OF DELAWARE

Principal Place of Business

% 605 EAST ROBINSON STREET, SUITE 400
ORLANDO FL 32801

Mailing Address

% 605 EAST ROBINSON STREET, SUITE 400
ORLANDO FL 32801



3. Date Incorporated or Qualified

12/08/1992

3a. Date of Last Report

04/18/1996

4. FEI Number

51-0344476

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHENOY, UDAY P
605 EAST ROBINSON STREET, SUITE 400
ORLANDO FL 32801

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 type: The printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | CPD | <input type="checkbox"/> DELETE |
| NAME | ANSAR, MIAN D | |
| STREET ADDRESS | 7 OLD PARK LANE | |
| CITY-ST-ZIP | LONDON WI | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ANSAR, ERIKA | |
| STREET ADDRESS | 7 OLD PARK LANE | |
| CITY-ST-ZIP | LONDON W. | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | ANSAR, HANAH M | |
| STREET ADDRESS | 7 OLD PARK LANE | |
| CITY-ST-ZIP | LONDON W. | |
| TITLE | SV | <input type="checkbox"/> DELETE |
| NAME | RUSHD, ASAD A | |
| STREET ADDRESS | 7 OLD PARK LANE | |
| CITY-ST-ZIP | LONDON W. | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SHENOY, UDAY P | |
| STREET ADDRESS | 605 EAST ROBINSON STREET, SUITE 400 | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|-------------------|---|
| 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 | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASAD RUSHD 2/28/97

SECRETARY

Date

Daytime Phone #

0515667

CR2E034 (9/96)