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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000623 (0)

1. Corporation Name

J.S. COURTNEY LIMITED COMPANY



Principal Place of Business

Mailing Address

P.O. BOX 420760
KISSIMMEE FL 34742

P.O. BOX 420760
KISSIMMEE FL 34742

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THACKER, JO O
100 CHURCH STREET
KISSIMMEE FL 34741

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 C ☐ DELETE

NAME CALLER, R.B.
STREET ADDRESS APSLEY HOUSE, FINCHLEY ROAD
CITY-STATE-ZIP ST. JOHNS WOOD, LONDON

TITLE VC ☐ DELETE

NAME CALLER, I.D.
STREET ADDRESS NO 1 CRESCENT DARRAS HALL
CITY-STATE-ZIP NEW CASTLE TY

TITLE D ☐ DELETE

NAME SHAW, W.
STREET ADDRESS 17 LINDEN GATE
CITY-STATE-ZIP GATES HEAD TY

TITLE D ☐ DELETE

NAME ELLIS, D.
STREET ADDRESS 5 BARONSWOOD GOSFORTH
CITY-STATE-ZIP NEW CASTLE TY

TITLE ST ☐ DELETE

NAME TAIT, ROBERT
STREET ADDRESS 19 OVINGHAM CLOSE, HORSLEY ORANGE
CITY-STATE-ZIP WASHINGTON TY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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***200.00

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

WILLIAM SHAW

Date:

Daytime Phone #

29.1.96

CR2E034 (12/95)