**FILED** 

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90143 031 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G42667

1. Corporation Name

LONDON INTERNATIONAL GROUP, INC.

Principal Place of Business Mailing Address			dress			1 (00)(() 05() 01010 (1912 01() 01() 1911 2:0() 010() 010() 010() 010() 010() 010()		
9600 KOGER BLVD. 9600 KOGER BLVD.			R BLVO.					
SUITE 225 SUITE 225			00UDO EL 00300		DO NOT WRITE IN THIS SPACE			
ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 US US			SBURG FL 33702			3. Date Incorporated or Qualifed	III SFACE	
03		00				06/08/1983		
2 Principal P	Place of Business	2a. Mailing	Address			4. FEI Number	App	lied For
21	100 01 20011035	26	<b>, </b>			59-2318815	Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 A	dditional
22 27		27				5. Certifcate of Status Desired	Fee Rec	uired
City & Stat	te	City &	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28 -					Trust Fund Contribution	Added to	Fees
Zip	Country Zip			Country		8. This corporation owes the current year Intangible		
24	25	29	3	0		Personal Property Tax.		No
	9. Name and Address of Curre	ent Registered A	gent	81	Name	10. Name and Address of New Registers	a Agent	
CDE	ENWAY IAN D			81	Name			
GREENWAY, IAN R 9600 KOGER BOULEVARD			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	TE 225			83				
	PETERSBURG FL 33702			63				
	LILIODONO I E GOIGE			84	City	F	85 Zip C	ode
		500 1 00 <b>7</b> 4500	Chaide Chalutan	the obou	named sore	poration submits this statement for the purpose		enistered
l office or n	registered agent, or both, in the Stat	le of Florida. Such	า change was auti	nonzea by	tne corporati	on's board of directors. I hereby accept the app	ointment as reg	istered
agent. 1 a	m familiar with, and accept the oblig	gations of, Section	n 607.0505, Florid	da Statutes				
SIGNATURE		A MAIL OF A SHIP AND	, AIOTE B	legistered Ages	t cionatura coguire	ad when reinstating) DATE		
12.	Signature, typed or printed name of registered at	AND DIRECTORS		13.	it signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	GREENWAY, IAN R			1.2 NAME			•	
STREET ADDRESS	ACCO MODER BOLLIEVARD, CHITE COS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33702			1.4 CITY-S				
TITLE	VP	<del> </del>	DELETE	2.1 TITLE			Change	☐ Addition
NAME	HAYES, GINGER K			2.2 NAME			•	
STREET ADDRESS	ACCO MOOFE BOUNEMARE	SUITE 225		2.3 STREET	ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33702			2. 4 CITY-S	17-ZIP			
TITLE		-	DELETE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADORESS			1
CITY-ST-ZIP				3.4. C/TY-S				
TITLE				3.4. CH11-3	iT-ZIP į			
NAME			☐ DELETE	4.1 TITLE	T-ZIP		☐ Change	Addition
STREET ADDRESS			☐ DELETE		T-ZIP		Change	Addition
		-	DELETE	4.1 TITLE			Change	Addition
CITY-ST-ZIP			☐ DELETE	4.1 TITLE 4.2 NAME	r address			
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET	r address		☐ Change	Addition
				4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S	r address			
TITLE				4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	T ADDRESS T-ZIP			
TITLE NAME			☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS				4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS T-ZIP T ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS		☐ Change	Addition

CITY-ST-ZIP 14. 1 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR