FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H98459** **(1)**

1. Corporation Name
THE KNIGHTSBRIDGE GROUP, INC.

Principal Place of Business	Mailing Address
FLORIDA MALL 8001 S. O.B. TRAIL. ROOM 916 ORLANDO FL 32809 US	613 N LONGVIEW PLACE LONGWOOD FL 32779-6016 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **02/10/1986**
3a. Date of Last Report: **05/19/1994**
4. FEI Number: **59-2637904** ☐ 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

METHVEN, STEVEN B.
613 N. LONGVIEW PLACE
LONGWOOD FL 32779

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DP**	11 TITLE	☐ Change ☐ Addition
NAME	**METHVEN, STEVEN B.**	12 NAME	
STREET ADDRESS	**613 N. LONGVIEW PLACE**	13 STREET ADDRESS	
CITY-ST-ZIP	**LONGWOOD FL**	14 CITY-ST-ZIP	
TITLE	**DS**	21 TITLE	☐ Change ☐ Addition
NAME	**METHVEN, CAROL D.**	22 NAME	
STREET ADDRESS	**613 N. LONGVIEW PLACE**	23 STREET ADDRESS	
CITY-ST-ZIP	**LONGWOOD FL**	24 CITY-ST-ZIP	
TITLE	**D**	31 TITLE	☐ Change ☐ Addition
NAME	**METHVEN, ROBERT JAMES**	32 NAME	
STREET ADDRESS	**113 N CASEY KEY ROAD**	33 STREET ADDRESS	
CITY-ST-ZIP	**OSPREY FL**	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Steven B. Methven **Steven B. Methven 3/1/95 (407)851-3848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OP