

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

FILED

May 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 # K14116 (3)			
1. Corporation Name GLADIOLUS HOLDINGS, INC.			
Principal Place of Business 9700 GLADIOLUS DRIVE FORT MYERS FL 33908		Mailing Address 9700 GLADIOLUS DRIVE FORT MYERS FL 33908-3628	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent BRETT, JAY 2121 W. FIRST ST. FORT MYERS FL 33901		10. Name and Address of New Registered Agent 81 Name Mohamed AL-Darsani 82 Street Address (P.O. Box Number is Not Acceptable) 9700 Gladiolus dr 83 City Fort Myers 84 City FL 85 Zip Code 33908	
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 <i>[Signature]</i> Mohamed AL-Darsani		DATE 6-28-97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	FANSA, SAMIR	1.2 NAME	
STREET ADDRESS	9640 WINDSOR GONS LN 202	1.3 STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL	1.4 CITY- ST- ZIP	
TITLE	DVS	2.1 TITLE	DN
NAME	MARTINI, FAEZ	2.2 NAME	Faez Martini
STREET ADDRESS	9640 WINDSOR GONS LN 202	2.3 STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL	2.4 CITY- ST- ZIP	
TITLE	AS	3.1 TITLE	ST
NAME	MOHAMED, AL DARSANI	3.2 NAME	Mohamed AL-Darsani
STREET ADDRESS	9700 GLADIOLUS DR.	3.3 STREET ADDRESS	9700 Gladiolus dr.
CITY- ST- ZIP	FORT MYERS FL	3.4 CITY- ST- ZIP	Fb. Myers, FL. 33908
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 if changed, or as a shareholder with an address.			
SIGNATURE: <i>[Signature]</i> Mohamed AL-Darsani		DATE 6-28-97 (941) 489-4455	



CR2E034 (9/96)