

FILED
Jan 30 1998 8:00am
Secretary of State


DOCUMENT # K62399 (6)
1. Corporation Name
JOHN CAIRD INVESTMENTS U.S., INC.

Principal Place of Business	Mailing Address
7990 BEAUMONT CT. NAPLES FL 33942 US	7990 BEAUMONT CT. NAPLES FL 33942 US

2. Principal Place of Business		2a. Mailing Address	
21	7900 BEAUMONT CT. Suite, Apt. #, etc.	26	7900 BEAUMONT CT. Suite, Apt. #, etc.
22	NAPLES City & State	27	NAPLES City & State
23	FL Zip	28	FL Zip
24	34109 Country	29	34109 Country
25	USA	30	US
3. Name and Address of Current Registered Agent			

CAIRD, JOHN F. 7990 BEAUMONT CT NAPLES FL 34109 34109	81	Name
	82	Street Address
	83	
	84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is a registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	CAIRD, JOHN F.			1.2 NAME	
STREET ADDRESS	7990 BEAUMONT CT			1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL			1.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	
NAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRESS	
CITY - ST - ZIP				2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - ZIP				3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 01/31/1989		
4. FEI Number 65-0178549	<input type="checkbox"/>	Applied For
	<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the state Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
FL	85	Zip Code

14. I 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:  JOHN CAIRD

CR2E034 (10/97)