

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M67258 (7)

1. Corporation Name
DEREK'S OF LONDON, INC.



Principal Place of Business: **6 RIO VISTA DR. ST. AUGUSTINE FL 32095**
Mailing Address: **6 RIO VISTA DR. ST. AUGUSTINE FL 32095**

3. Date Incorporated or Qualified: **02/01/1988**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-2884465**
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

2. Principal Place of Business: **21 236 SAN MARCO AVE**
2a. Mailing Address: **26 236 SAN MARCO AVE**
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: **32084** 25. Country:
28. City & State:
29. Zip: **32084** 30. Country:

9. Name and Address of Current Registered Agent

~~FENWICK~~ BAILY, DEREK C.
6 RIO VISTA DR.
ST. AUGUSTINE, FL
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **236 SAN MARCO AVE**
83. City:
84. City: **FL** 85. Zip Code: **32084**

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 type (1) or printed name of registered agent and typed name of agent

(2) or (3) Registered Agent signature or printed name of state

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FENWICK BAILY, DEREK C	
STREET ADDRESS	6 RIO VISTA DR.	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FENWICK BAILEY, J. SARA	
STREET ADDRESS	FENWICK BAILY, J., SARA	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	236 SAN MARCO AVE
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished with this filing is voluntarily furnished with this filing is true and accurate 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: *P C Baily* **DATE:** **4/22/96** **DAYTIME PHONE #:** **829-0850**

CR2E034 (12/95)