

**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 # **P08347** (7)  
1. Corporation Name  
**CARSON HOLDINGS LIMITED, A LIBERIAN CORPORATION**



Principal Place of Business: **4449 RUMMELL ROAD. PO BOX 700245 ST. CLOUD FL 34770-7245**  
Mailing Address: **4449 RUMMELL ROAD. PO BOX 700245 ST. CLOUD FL 34770-7245**

3. Date Incorporated or Qualified: **12/10/1985**  
3a. Date of Last Report: **02/14/1995**  
4. FEI Number: **52-1523924**  
Applied For:  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

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

9. Name and Address of Current Registered Agent  
**THORNTON, H R JR.  
4449 RUMMELL ROAD.  
P.O. BOX 245  
ST. CLOUD FL 32769**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEARMAN, R. S. L	
STREET ADDRESS	BOX 1022, CHURCH ST. W.	
CITY-ST-ZIP	HAMILTON, BERMUDA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COTTINGHAM, D R	
STREET ADDRESS	CENTURY HSE. RICHMOND RD	
CITY-ST-ZIP	HAMILTON, BERMUDA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCOTT, A	
STREET ADDRESS	TOWER HILL HSE. ST. PETERS PORT	
CITY-ST-ZIP	GUERNSEY CHANNEL, ISL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MADHVANI, MAYUR M	
STREET ADDRESS	BOX 51148, MAMA NGINA ST	
CITY-ST-ZIP	NAIROBI, KENYA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, S A	
STREET ADDRESS	CENTURY HOUSE RICHMOND RD.	
CITY-ST-ZIP	HAMILTON, BERMUDA	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
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 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: *H.R. Thornton Jr.* H. R. THORNTON JR. 4/30/96 407892-2176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)