

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P08347 (7)**  
 1. Corporation Name  
**CARSON HOLDINGS LIMITED, A LIBERIAN CORPORATION**



Principal Place of Business <b>4449 RUMMELL ROAD.                  PO BOX 700245                  ST. CLOUD FL 34770-7245</b>	Mailing Address <b>4449 RUMMELL ROAD.                  PO BOX 700245                  ST. CLOUD FL 34770-7245</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/10/1985</b>	4. FEI Number <b>52-1523924</b>	Applied For Not Applicable
21 Suite, Apt. #, etc. <b>1760 Bristol Road</b>	26 Suite, Apt. #, etc. <b>1760 Bristol Road, P.O. Box 160</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22 City & State <b>Warrington, PA</b>	27 City & State <b>Warrington, PA.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23 Zip <b>18976</b>	Country <b>USA</b>	29 Zip <b>18976</b>	Country <b>USA</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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, typed or printed name of registered agent and the if applicable) (NOIL Registered Agent's 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	QUERNSEY 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>16 PAR-LA-VILLE RD</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>16 PAR-LA-VILLE ROAD</b>
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 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: *S. Arthur Morris* **S. ARTHUR MORRIS, DIRECTOR 11/4/98** 441-292-2487

CRE034 (10/97)