

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90178 049 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P08347

1. Corporation Name
CARSON HOLDINGS LIMITED, A LIBERIAN CORPORATION



Principal Place of Business
 1760 BRISTOL RD
 WARRINGTON PA 18976
 US

Mailing Address
 1760 BRISTOL RD
 P O BOX 160
 WARRINGTON PA 18976
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		12/10/1985		52-1523924		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>		5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		8. Yes		No	
23		28		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Zip		Country		Zip		Country		24	
25		29		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THORNTON, H R JR. 4449 RUMMELL ROAD. P.O. BOX 245 ST. CLOUD FL 32769				81 Name Stephen B Harris			
				82 Street Address (P.O. Box Number is Not Acceptable) 1836 Woodward St			
				83			
				84 City Orlando			
				FL		85 Zip Code 32803	

11. Pursuant to the provisions of Sections 607.0504 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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]* (NOTE: Registered Agent signature required when reinstating) DATE: 1/19/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEARMAN, R. S. L			1.2 NAME			
STREET ADDRESS	BOX 1022, CHURCH ST. W.			1.3 STREET ADDRESS			
CITY-ST-ZIP	HAMILTON, BERMUDA			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COTTINGHAM, D R			2.2 NAME			
STREET ADDRESS	CENTURY HSE 16 PAR-LA-VILLE RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	HAMILTON, BERMUDA			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, A			3.2 NAME			
STREET ADDRESS	TOWER HILL HSE. ST. PETERS PORT			3.3 STREET ADDRESS			
CITY-ST-ZIP	GUERNSEY CHANNEL, ISL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADHVANI, MAYUR M			4.2 NAME			
STREET ADDRESS	BOX 51148, MAMA NGINA ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAIROBI, KENYA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRIS, S A			5.2 NAME			
STREET ADDRESS	CENTURY HSE 16 PAR-LA-VILLE RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	HAMILTON, BERMUDA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *[Signature]* President 1/19/99 (25) 343 9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

2208000