

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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # P19190 (8)
1. Corporation Name
CROWN AGENTS SERVICES LIMITED INCORPORATED



Principal Place of Business Mailing Address
ST. NICHOLAS HOUSE, ST. NICHOLAS RD.
SUTTON, SURREY SM1 1EL
ENGLAND ST. NICHOLAS HOUSE, ST. NICHOLAS RD.
SUTTON, SURREY SM1 1EL
ENGLAND

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/10/1988		04/25/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		52-1190131		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREWS, GLORIA
901 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SLATER, AUBREY MARTIN	1.1 TITLE	D
NAME	ST. NICHOLAS HOUSE	12 NAME	GODLEY, GRAHAM RONALD
STREET ADDRESS	SUTTON, SURREY	13 STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS ROAD,
CITY-ST-ZIP	SUTTON, SURREY	14 CITY-ST-ZIP	SUTTON, SURREY, SM1 1EL ENGLAND.
TITLE	S KENT, HEATHER ANN	2.1 TITLE	D
NAME	ST. NICHOLAS HOUSE	22 NAME	HUGHES, MARK ROY
STREET ADDRESS	SUTTON, SURREY	23 STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS ROAD
CITY-ST-ZIP	SUTTON, SURREY	24 CITY-ST-ZIP	SUTTON, SURREY, SM1 1EL, ENGLAND.
TITLE	D JAMIESON, DAVID GEORGE	3.1 TITLE	
NAME	ST. NICHOLAS HOUSE	32 NAME	
STREET ADDRESS	SUTTON, SURREY	33 STREET ADDRESS	
CITY-ST-ZIP	SUTTON, SURREY	34 CITY-ST-ZIP	
TITLE	CD BERRY, PETER FREMANTLE	4.1 TITLE	
NAME	ST. NICHOLAS HOUSE	42 NAME	
STREET ADDRESS	SUTTON, SURREY	43 STREET ADDRESS	
CITY-ST-ZIP	SUTTON, SURREY	44 CITY-ST-ZIP	
TITLE	D MOULE, DEREK VICTOR	5.1 TITLE	
NAME	ST. NICHOLAS HOUSE	52 NAME	
STREET ADDRESS	SUTTON, SURREY	53 STREET ADDRESS	
CITY-ST-ZIP	SUTTON, SURREY	54 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Heather Kent*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+44 181 643 3311

Date

Daytime Phone # (8304)

CR2E034 (12/95)