


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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P19190 (8) 1. Corporation Name CROWN AGENTS SERVICES LIMITED INCORPORATED			
Principal Place of Business ST. NICHOLAS HOUSE, ST. NICHOLAS RD. SUTTON, SURREY SM1 1EL ENGLAND		Mailing Address ST. NICHOLAS HOUSE, ST. NICHOLAS RD. SUTTON, SURREY SM1 1EL ENGLAND	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 05/10/1988		3a. Date of Last Report 04/26/1986	
4. FEI Number 52-1190131		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent ANDREWS, GLORIA 901 PONCE DE LEON BLVD SUITE 203 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. NICHOLAS HOUSE	1.2 NAME	
STREET ADDRESS	SUTTON, SURREY	1.3 STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS ROAD
CITY - ST - ZIP		1.4 CITY - ST - ZIP	SUTTON, SURREY SM1 1EL ENGLAND
TITLE	S KENT, HEATHER ANN <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. NICHOLAS HOUSE	2.2 NAME	
STREET ADDRESS	SUTTON, SURREY	2.3 STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS ROAD
CITY - ST - ZIP		2.4 CITY - ST - ZIP	SUTTON, SURREY, SM1 1EL, ENGLAND
TITLE	D JAMIESON, DAVID GEORGE <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. NICHOLAS HOUSE	3.2 NAME	
STREET ADDRESS	SUTTON, SURREY	3.3 STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS ROAD
CITY - ST - ZIP		3.4 CITY - ST - ZIP	SUTTON, SURREY SM1 1EL ENGLAND
TITLE	CD BERRY, PETER FREMANTLE <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. NICHOLAS HOUSE	4.2 NAME	
STREET ADDRESS	SUTTON, SURREY	4.3 STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS ROAD
CITY - ST - ZIP		4.4 CITY - ST - ZIP	SUTTON, SURREY, SM1 1EL ENGLAND
TITLE	D GODLEY, GRAHAM RONALD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST NICHOLAS HOUSE ST NICHOLAS ROAD	5.2 NAME	
STREET ADDRESS	SUTTON SURREY SM	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	SUTTON, SURREY, SM1 1EL ENGLAND
TITLE	D HUGHES, MARK ROY <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST NICHOLAS HOUSE, ST NICHOLAS ROAD	6.2 NAME	
STREET ADDRESS	SUTTON SU	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	SUTTON, SURREY, SM1 1EL, ENGLAND
14. I do 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: <i>Heather Ann Kent</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HEATHER ANN KENT, COMPANY SECRETARY		18TH FEBRUARY 1997 Date Daytime Phone # 0629189	

CR2E034 (9/96)