

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mottham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 24 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P21992 (3)
1. Corporation Name
COOMBES PROPERTIES INC.



Principal Place of Business: **120 BROADWAY - 85 SOUTH MAIN STREET P.O. BOX 765 FREEPORT LYMBROOK NY 11569 NY 11520**
Mailing Address: **120 BROADWAY PO BOX 177 P.O. BOX 765 BOND JUNCTION NSW 2022 LYMBROOK NY 11569-0765 AUSTRALIA**

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

3. Date Incorporated or Qualified: **12/05/1988**
3a. Date of Last Report: **04/23/1996**
4. FEI Number: **11-2931211** 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

9. Name and Address of Current Registered Agent

**STEGE, WILLIAM L.
3350 E. ATLANTIC BOULEVARD
POMPANO BEACH FL 33062**

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: Signature, typed or printed name of registered agent as well as title if applicable. (NEE) - Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	PD PRESIDENT	<input type="checkbox"/> DELETE
NAME	COOMBES, PETER C.	
STREET ADDRESS	15 QUEENS AVE.	
CITY-ST-ZIP	VAUCLUSE NSW 2030 AUSTRALIA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ASARCH, BENJAMIN	
STREET ADDRESS	120 BROADWAY, P.O. BOX 765	
CITY-ST-ZIP	LYMBROOK NY 11563	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COOMBES, HELENE	
1.3 STREET ADDRESS	15 QUEENS AVENUE	
1.4 CITY-ST-ZIP	VAUCLUSE NSW 2030 AUSTRALIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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***165.00 ***165.00

6-25-97

14. I do hereby certify that the information furnished 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; that I am 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 applicable, or on an attachment with an address.

SIGNATURE: *Peter C. Coombes* **PETER C. COOMBES** 4/18/97 61(02) 9389 6111

CR2E034 (9/96)