## FILE NOW: FILING FEE AFTER MAY 148 \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P31705

LONDON INTERNATIONAL U.S. HOLDINGS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4703 **BARASOTA FL 34230-4703**  P.O. BOX 4703 **SARASOTA FL 34230-4703** 

## **FILED** Jun 09 1997 8:00am Secretary of State



					te of Last Report )1/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	Engineering Drive	26 P.O. Box 92	1248	13-1991107	Not Applicable
Sulte, Apt. 22 5011	te 200	Suite, Apt. #, etc.	<b></b>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	2065, CTA	City & State Norcross	,GL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip &	an County L	20002	Country	8. This corporation has liability for intangible	
24 300 2 25 05 29 3007 30 9. Name and Address of Current Registered Agent			30 45/	Fiorida Statutes Li Yes No  10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324					
			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 re	quirod when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	DELETE	1,1 TITLE	D	Change Addition
NAME	THOMAS, MICHAEL	/	1.2 NAME	meth Clarke 5585 Engineering Dr.	Ste 200
STREET ADDRESS	1819 MAIN ST.		1.3 STREET ADDRESS	2882 Evaluer A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - ST - ZIP	Norcross, GA 30092	
TITLE	VD	DELETE	2.1 TITLE	Keegan, Wayne	Change Addition
NAME	MACGILLIS, A. ROY		2.2 NAME	3585 Engineering Dr. St	حر 200
STREET ADDRESS	1819 MAIN STREET				
CITY-ST-ZIP	SARASOTA FL	DELETE		Novcross, GA 3009/2	
TITLE	VO	☐ DELETE	3.1 TITLE	ainna, William	Change
NAME	GIMMA, WILLIAM				
STREET ADDRESS	1819 MAIN STREET		3.3 STREET ADDRESS	same as above	_
CITY-ST-ZIP TITLE	SARASOTA FL VD	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	KAISER, ROBERT				Fal Oliquific [ ] Wanifight
STREET ADORESS	1819 MAIN STREET		4. 2 NAME 4.3 STREET ADDRESS	. ac a how	ا
CITY-ST-ZIP	SARASOTA FL		4.4 City-St-ZiP	> some us are	
TITLE	VD	'M' DELETE	5.1 DILE		Change Addition
NAME	KINGMA, JOHN C.	$\Gamma$	5.2 NAME	1	
STREET ADDRESS	1819 MAIN STREET		5.3 STREET ADDRESS	alla dis ann an al soul	ME
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZiP	S & CONTRACT	マグー
TITLE		☐ DELETE	6.1 TITLE	·	Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
	by certify that the information supplied	with this filing does not qualify		ted in Section 119 07(3)(i) Florida Statutes, Lifurther	cartify that the

I do nereby certify that the information supplied with this filling does not quality 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 it 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.