

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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90284 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38071

1. Corporation Name
STAGHORN INVESTMENTS LIMITED, A JERSEY, CHANNEL ISLANDS CORPORATION



Principal Place of Business Guyscliffe House, STAGHORN HOUSE, 2100 ST. X ST. BRELADE'S BAY, JERSEY CI JE38EA GB	Mailing Address GUYSCLIFFE HOUSE, ST. BRELADE'S BAY JERSEY CI JE38E GB
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 GUYSCLIFFE HOUSE Suite, Apt. #, etc. 22 ST. BRELADE'S BAY City & State 23 JERSEY, CHANNEL ISLANDS Zip 24 JE38EA Country 25 GREAT BRITAIN	2a. Mailing Address 26 GUYSCLIFFE HOUSE Suite, Apt. #, etc. 27 ST. BRELADE'S BAY City & State 28 JERSEY, CHANNEL ISLANDS Zip 29 JE38EA Country 30 GREAT BRITAIN	3. Date Incorporated or Qualified 03/26/1992	4. FEI Number 59-3086783 Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent STAPLETON, WILLIAM 1110 PINELLAS BAYWAY SUITE 200 TIERRA VERDE FL 33715	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
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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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGSON, T.G.S.	1.2 NAME	
STREET ADDRESS	5 RT. DE CHENE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA, SWITZERLAND	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALBOT, E.A.	2.2 NAME	
STREET ADDRESS	5 RT. DE CHENE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA, SWITZERLAND	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAULEVERER, L.R.D.	3.2 NAME	
STREET ADDRESS	GUYSCLIFFE HOUSE, ST. BRELADE'S BAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CI	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOBAL TRUST SERVICES	4.2 NAME	
STREET ADDRESS	GUYSCLIFFE HOUSE, ST. BRELADE'S BAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CI	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: L. Rex D. MAULEVERER **RE REQUIRED** *Ron Fle* 4-14-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #