

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P38208 (5) 1. Corporation Name FLORIDRON (USA) LIMITED, INC.			
Principal Place of Business SEE BELOW		Mailing Address SEE BELOW	
2. Principal Place of Business 21. 100 CALEDONIA DRIVE Suite, Apt. #, etc. 22. MELBOURNE BCH, FL City & State 23. 32951 USA Zip Country		2a. Mailing Address 26. 100 CALEDONIA DRIVE Suite, Apt. #, etc. 27. MELBOURNE BCH, FL City & State 28. 32951 USA Zip Country	
3. Date Incorporated or Qualified 03/31/1992		3a. Date of Last Report 1/27/95	
4. FEI Number 65-034716		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 NEW AGENT		10. Name and Address of New Registered Agent 81. Name BRIAN SCULTHOP 82. Street Address (P.O. Box Number is Not Acceptable) 100 CALEDONIA DRIVE 83. 84. City MELBOURNE BCH FL 85. Zip Code 32951	
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 <i>Brian Sculthorp</i> BRIAN SCULTHOP 7/3/96 Signature typed for printed name of registered agent and the applicable (If not, Registered Agent signature required when revocating) DATE			
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME SCULTHOP, LEONARD E. STREET ADDRESS 115 ST ANDREWS DRIVE CITY-ST-ZIP GLASGOW, UK TITLE DS <input type="checkbox"/> DELETE NAME SCULTHOP, BRIAN M STREET ADDRESS ADDRESS CHANGED CITY-ST-ZIP D <input type="checkbox"/> DELETE NAME TAIT, ELAINE STREET ADDRESS 115A ST ANDREWS DRIVE CITY-ST-ZIP GLASGOW, UK TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME SCULTHOP, BRIAN M 2.3 STREET ADDRESS 100 CALEDONIA DRIVE 2.4 CITY-ST-ZIP MELBOURNE BCH, FL 32951 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 900001892689 <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME -07/12/96--01077--011 5.3 STREET ADDRESS ***225.00 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 included 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>Brian Sculthorp</i> BRIAN SCULTHOP 7/3/96 407-676 0521 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/STATE PREFIX #			

CR2E034 (3/96)