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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000003767 (0)

1. Corporation Name
LONDON EQUITIES CORP.

Principal Place of Business
3105 WEST WATERS AVE.
TAMPA FL 33614

Mailing Address
3105 WEST WATERS AVE.
TAMPA FL 33614-2869



3. Date Incorporated or Qualified 11/05/1992
3a. Date of Last Report 02/08/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3147447		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

KOLP, ELI
14550 BRUCE B. DOWNS BLVD.
APT. 229
TAMPA FL 33613

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLP, ELI	1.2 NAME	
STREET ADDRESS	14550 BRUCE B. DOWNS BLVD. APT. 229	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33613	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLPAKCHI, GERALD	2.2 NAME	
STREET ADDRESS	3530 1ST AVENUE N., #116	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33713	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLPAKCHI, ZENAIDA	3.2 NAME	
STREET ADDRESS	14550 BRUCE B. DOWNS BLVD. APT. 229	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33613	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLPAKCHI, MORDEKHAJ	4.2 NAME	
STREET ADDRESS	14550 BRUCE B. DOWNS BLVD. APT. 229	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33613	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETTE, RUTH	5.2 NAME	
STREET ADDRESS	P.O. BO 350326 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33695-0326	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)