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Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000009617 (1)

1. Corporation Name
THE HERTFORD VILLA, INC.

Principal Place of Business

2904 PADDINGTON WAY
LINDFIELD
KISSIMMEE FL 34747

Mailing Address

51 SKEGNESS RD
STEVENAGE HERTS SG12HS
UK

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1992

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc.

26

Suite, Apt #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SELBY, PETER W
2904 PADDINGTON WAY
LINDSFIELDS
KISSIMMEE FL 34747

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

TITLE	PO	DELETE
NAME	SELBY, PETER W	
STREET ADDRESS	45 SKEGNESS ROAD	
CITY - ST - ZIP	STEVENAGE SG12HS	

TITLE	D	DELETE
NAME	AUSTON, MICHAEL	
STREET ADDRESS	45 SKEGNESS ROAD	
CITY - ST - ZIP	STEVENAGE SG12HS	

TITLE	SD	DELETE
NAME	AUSTON, ELAINE	
STREET ADDRESS	45 SKEGNESS ROAD	
CITY - ST - ZIP	STEVENAGE SG12HS	

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

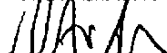
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:



ELAINE AUSTON

22 FEB 98

CR2E034 (10/97)