

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000020604 (2)

1. Corporation Name

COTTESLOE CAPITAL CORPORATION



Principal Place of Business
3115 Pearl Ave
8885 BAYSHORE BOULEVARD
TAMPA FL 33611

Mailing Address
3115 Pearl Ave
8885 BAYSHORE BOULEVARD
TAMPA FL 33611

2. Principal Place of Business
21 3115 Pearl Ave
Suite, Apt. #, etc.
22
City & State
23 Tampa FL
Zip
24 33611
Country
25
2a. Mailing Address
26 3115 Pearl Ave
Suite, Apt. #, etc.
27
City & State
28 Tampa FL
Zip
29 33611
Country
30

3. Date Incorporated or Qualified
03/14/1994
3a. Date of Last Report
07/11/1995
4. FEI Number
59-3253615
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

GAUTHIER, JOHN T
8885 BAYSHORE BOULEVARD
TAMPA FL 33611
3115 Pearl Ave

10. Name and Address of New Registered Agent

81 Name John T. Gauthier
82 Street Address (P.O. Box Number is Not Acceptable)
3115 Pearl Ave
83
84 City Tampa FL
85 Zip Code 33611

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

John T. Gauthier

6/27/96

(Signature, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	GAUTHIER, JOHN T	3805 BAYSHORE BOULEVARD	TAMPA FL	<input type="checkbox"/>
DCEO	WU, ANITA	18003 GERRITT PL	CERRITOS CA	<input type="checkbox"/>
D	WU, ALEX	18003 GERRITT PL	CERRITOS CA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15
DP CEO	WU, ANITA	18003 Gerritt Pl	Cerritos CA 90703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DVP SECRETARY	John T. Gauthier	3115 Pearl Ave	Tampa FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	WU, Alex	18003 Gerritt Pl	Cerritos CA 90703	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John T. Gauthier

6/26/96

813-839-5521

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (3/96)