

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000027673 (9)

1. Corporation Name  
CARDINAL CONCEPTS (USA) INC.

Principal Place of Business  
6733 OAKCLUSTER CIRCLE  
SPRING HILL FL 34806

Mailing Address  
C/O JAMES STILES  
R. R. #2  
THORNTON ON LOL 20  
CA



97 AUG -7 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1995	3a. Date of Last Report 07/30/1996
4. FEI Number 59-3306520	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 3086 NORTH BARTON CREEK CIRCLE 22. Suite, Apt. #, etc. 23. City & State Lecanto, FL 24. Zip 34461 25. Country USA	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent  
CACO, KAREN A  
493 WILLET AVE  
NAPLES FL 33963

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIGAULT, JEANETTE	1.2 NAME	
STREET ADDRESS	6733 OAKCLUSTER CIRCLE	1.3 STREET ADDRESS	3086 NORTH BARTON CREEK CIRCLE
CITY-ST-ZIP	SPRING HILL FL 34806	1.4 CITY-ST-ZIP	LECANTO, FL 34461
TITLE	PS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, JAMES	2.2 NAME	
STREET ADDRESS	6733 OAKCLUSTER CIRCLE	2.3 STREET ADDRESS	3086 NORTH BARTON CREEK CIRCLE
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	LECANTO, FL 34461
TITLE	VPT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, JAMES	3.2 NAME	
STREET ADDRESS	6733 OAKCLUSTER CIRCLE	3.3 STREET ADDRESS	3086 NORTH BARTON CREEK CIRCLE
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	LECANTO, FL 34461
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	600002264616--4
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-08/12/97--01059--007
TITLE		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		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]

8/7/97

CR2E034 (4/97)



pg. 2 of 2

DELIVERED BY COURIER

AUGUST 5, 1997

ANNUAL REPORTS FILINGS  
DIVISION OF CORPORATION  
409 EAST GAINES STREET  
TALLAHASSEE, FLORIDA  
32399

DEAR SIRs:

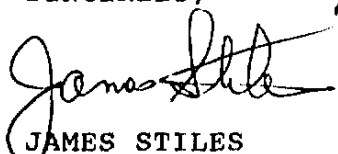
I SPOKE WITH AMIE ALAN OF YOUR DIVISION ON AUGUST 1, 1997 WITH REGARDS TO MY COMPANY RECEIVING A 2ND NOTICE FOR OUR YEARLY FILING NOT HAVING BEEN RECEIVED.

I DID IN FACT FILL OUT THE APPROPRIATE FORMS AND ENCLOSED THE CHEQUE ALONG WITH IT AND FORWARDED SAME TO MY ACCOUNTANT FOR REMITTANCE. MY ACCOUNTANT INFORMED ME THAT HE REMITTED ON OUR BEHALF OVER A GOOD MONTH AGO INCLUDING A LETTER APOLOGIZING FOR REMITTING LATE ON OUR BEHALF.

AS IT STILL HAD NOT REACHED YOUR DEPARTMENT AS AT AUGUST 1ST, I WAS INFORMED TO REMIT ANOTHER CHEQUE IN THE AMOUNT OF \$165.00 ALONG WITH APPLICATION AND THIS LETTER STATING THE CIRCUMSTANCES. IT APPEARS IT HAS NOT YET ARRIVED THROUGH THE POSTAL SYSTEM. IF YOU SHOULD RECEIVE THE ORIGINAL CHEQUE (ATTACHED IS A PHOTOCOPY), PLEASE RETURN SAME TO MY ATTENTION.

TRUSTING ALL IS IN ORDER, THANKING YOU IN ADVANCE AND SORRY FOR ANY INCONVENIENCE.

SINCERELY,

  
JAMES STILES  
ENCL.

CC: DALE WALKER, ACCOUNTANT