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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000047437 (5)

1. Corporation Name
KNIGHTSBRIDGE PARK INTERNATIONAL INC

Principal Place of Business	Mailing Address
7852 W IRLO BRONSON HWY KISSIMMEE FL 34747 US	7852 W IRLO BRONSON HWY KISSIMMEE FL 34747-1729 US

3. Date Incorporated or Qualified: 06/15/1995
3a. Date of Last Report: 07/17/1996

2. Principal Place of Business
21: 2932 DICKENS CIRCLE
22: Suite, Apt. #, etc.
23: City & State: KISSIMMEE, FLORIDA
24: Zip: 34747
25: Country: USA

2a. Mailing Address
26: P.O. BOX 470126
27: Suite, Apt. #, etc.
28: City & State: CELEBRATION FLORIDA
29: Zip: 34747
30: Country: USA

4. FEI Number: 65-0627483 ☐ 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

WILKES, BRIAN
7852 W IRLO BRONSON HWY
KISSIMMEE FL 34747

10. Name and Address of New Registered Agent

81 Name: BRIAN WILKES
82 Street Address (P.O. Box Number is Not Acceptable): 2932 DICKENS CIRCLE
83:
84 City: KISSIMMEE **FL** 85 Zip Code: 34747

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 _____ BRIAN J. WILKES 12 APRIL, 1997
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILKES, BRIAN JOHN 7852 W IRLO BRONSON HWY KISSIMMEE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VICE-PRESIDENT JANET ANNE WILKES 2932 DICKENS CIRCLE KISSIMMEE, FLORIDA, 34747	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE-PRESIDENT JAMES BRIAN WILKES 2932 DICKENS CIRCLE KISSIMMEE, FLORIDA, 34747	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PRESIDENT BRIAN JOHN WILKES 2932 DICKENS CIRCLE KISSIMMEE, FLORIDA, 34747	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: _____ FL Officer 12 APRIL 1997 407-397-0440