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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

Country

81

83

84 City

13.

1. 1 TITLE

1.2 NAME

1.3 STREET ADDRESS

30

1996

DOCUMENT #

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KNIGHTSBRIDGE CORPORATION OF KISSIMMEE

Country

9. Name and Address of Current Registered Agent

Signative, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

25

1110 SOUTH BERMUDA AVENUE

HAIMES, MARK

1690 ANORADA BLVD.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

 $Z_{\rm IP}$

Suite, Apt. #, etc

□ D€LETE

1110 SOUTH BERMUDA AVENUE KISSIMMEE FL 34741

2. Prinopal Place of Business

HAIMES, MARK

KISSIMMEE FL 34741

Suite, Apt. #, etc.

City & State

SIGNATURE

STREET ADDRESS

12.

TITLE

NAME

MAM

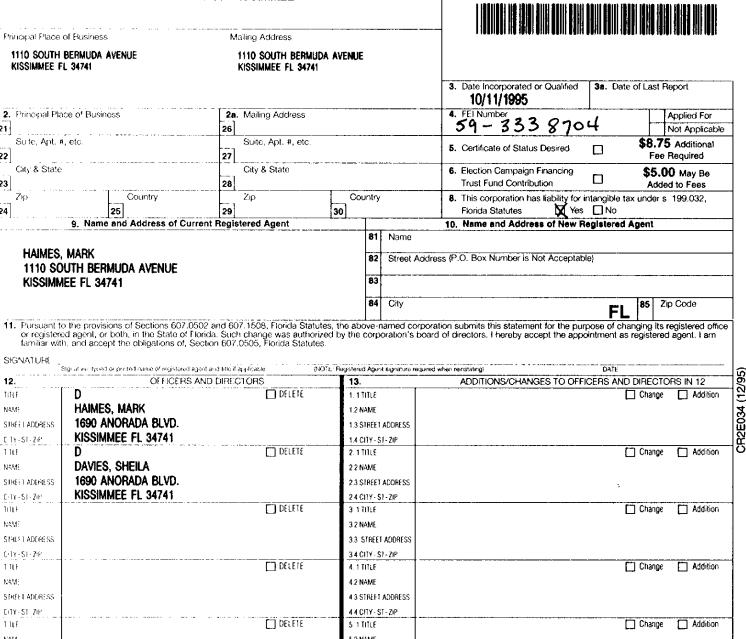
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1110 SOUTH BERMUDA AVENUE KISSIMMEE FL 34741



KISSIMMEE FL 34741 C 14 - S1 - Z:P* 1.4 CITY - ST-ZIP DELETE TILE 2. 1 TITLE DAVIES, SHEILA NAME 2 2 NAME 1690 ANORADA BLVD. STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL 34741 0:17:51:70 2 4 CITY - \$1 - ZIP DELETE TillE 3 1 TITLE NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - \$1 - ZIP CHY-ST-74 TT DELETE 4. 1 TITLE TILE NAM: 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 44 CITY - ST - ZIP DELETE TILF 5 1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 54 CITY-ST-ZIP DEL ETE Change TILLE 6 1 TITLE Addition NAM: 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST-ZIP City - S1 - ZiP pled with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information si certify that the information indicated or oath: that I am an officer or director of appears in Block 12 or Block 13 if

SIGNATURE:

2/13/96 407847598