

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000095651 (2)

1. Corporation Name
KNIGHTSBRIDGE ENTERPRISES, INCORPORATED



Principal Place of Business: **9332 THURLOE PLACE ORLANDO FL 32827**
 Mailing Address: **9332 THURLOE PLACE ORLANDO FL 32827-7003**

3. Date Incorporated or Qualified: **12/14/1995** 3a. Date of Last Report: **12/23/1996**

4. FEI Number: **59-3350491** 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

2. Principal Place of Business: **9332 THURLOE PLACE ORLANDO FL 32827**
 2a. Mailing Address: **9332 THURLOE PLACE ORLANDO FL 32827-7003**

21. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.:

22. City & State: 27. City & State:

23. Zip: Country: 28. Zip: Country:

24. Zip: 25. Country: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

OWEN, CHARLES R.D.
9332 THURLOE PLACE
ORLANDO FL 32827

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: **FL**

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]* DATE: **April 4th 1997**

12. OFFICERS AND DIRECTORS

TITLE: P	<input type="checkbox"/> DELETE
NAME: SPEARMAN, MITCHELL L	
STREET ADDRESS: 10509 CROMWELL TERRACE	
CITY-ST-ZIP: ORLANDO FL 32827	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: OWEN, CHARLES R.D.	
STREET ADDRESS: 9332 THURLOE PLACE	
CITY-ST-ZIP: ORLANDO FL 32827	
TITLE: 	<input type="checkbox"/> DELETE
NAME: 	
STREET ADDRESS: 	
CITY-ST-ZIP: 	
TITLE: 	<input type="checkbox"/> DELETE
NAME: 	
STREET ADDRESS: 	
CITY-ST-ZIP: 	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME: 	
13 STREET ADDRESS: 	
14 CITY-ST-ZIP: 	
21 TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME: 	
23 STREET ADDRESS: 	
24 CITY-ST-ZIP: 	
31 TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME: 	
33 STREET ADDRESS: 	
34 CITY-ST-ZIP: 	
41 TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME: 	
43 STREET ADDRESS: 	
44 CITY-ST-ZIP: 	
51 TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME: 	
53 STREET ADDRESS: 	
54 CITY-ST-ZIP: 	
61 TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME: 	
63 STREET ADDRESS: 	
64 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]* DATE: **April 4th 1997** Daytime Phone #: **407-851-9091**

CR2E034 (9/96)