1.1

GILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham?

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021022 (4)

ASCOT DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
15 PARADISE LANE 15 PARADISE LANE

FILED Apr 28 1997 8:00am Secretary of State



15 PARADISE LANE TREASURE ISLAND FL 33708		15 PARADISE LANE TREASURE ISLAND F	15 PARADISE LANE TREASURE ISLAND FL 33706-1129				
					3. Date Incorporated or Qualified 03/07/1996	3e. Date of Last R	Report
2. Principal P	lace of Business	2a. Mailing Address	;		4. FEI Number	Ai	pplied For
21		26			<u> 59 -3369607</u>	\$ N	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc			F 0 (1) ((0)) 5 : (\$8.75	Additional
22		27			5. Certificate of Status Desired		equired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added Added	to Fees
Zip	Country Z(p		—	Country 8. This corporation has liability for intangible tax under s.		i. 199.032,	
24	25	29	30			Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	jistered Agent	
	Lson, robert h			Name			
+ 15 P	ARADISE LANE		ħ	32 Street Add	dress (P.O. Box Number is Not Acceptable)		
TRE	ASURE ISLAND FL 33706				· · · · · · · · · · · · · · · · · · ·	,	
,				33			
100				34 City		85 Zip	Code
•				Ony		FL S E	Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such chango gations of, Section 607.05	was authorized 05, Florida Statu	by the corporates.	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointment as	registered
	Signature, typed or printed name of registered a			Agent signature requ	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELET		ŀ		∐ Change	Addition
NAME	WILSON, JOHN D		1.2 NAI	AE .			
STREET ADDRESS	15 PARADISE LANE		1.3 STF	EF1 ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND FL 33706			r - \$1 - ZIP			
TITLE	D	☐ DELF1	2.1 Till	E		☐ Change	Addition
NAME	WILSON, JEAN		2.2 NAI	ME			
STREET ADDRESS	15 PARADISE LANE		2.3 STF	FET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND FL 33706			Y - \$1 - ZIP			
TITLE		☐ DELET	E 3.1 TITL	E		Change	☐ Addition
NAME			3.2 NA/	AE .			
STREET ADDRESS			3.3 STF	EF1 ADDRESS			
CITY-ST-ZIP			3.4. C(1	Y - ST - ZIP			
TITLE		☐ DELE	TË 4.1 THT	E		☐ Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	FF1 ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELET	E 5.1 TRI	f		Change	Addition
NAME			5.2 NA	NE			
STREET ADDRESS			5.3 S1F	LET ADDRESS	•		
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELF				Change	Addition
NAME			6.2 NAI				
STREET ADDRESS				EFT ADDRESS			
CITY-ST-ZIP	L		6.4 C(I	Y-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 grinual upport or supplied entire control annual sport 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 convocation or the received or trustof emphyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 on an attachment with an address.

CHATURE KRISPHOVI ANDON

Drs. 7 1997 63.217.18