

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

APPROVED
AND
FILED

1997 MAY -5 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P960000656363

1. Corporation Name

HOLMES SYSTEMS SUPPORT, INC

Principal Place of Business C/O FRYDMAN, BECK, KING & ARAD, L.L.P. 950 3RD AVENUE - 18TH FLOOR NEW YORK NY 10022	Mailing Address C/O FRYDMAN, BECK, KING & ARAD, L.L.P. 950 3RD AVENUE - 18TH FLOOR NEW YORK NY 10022-2705
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3. Date Incorporated or Qualified 1/1996	3a. Date of Last Report
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2. Principal Place of Business 21. BOURNE CONCOURSE Suite Apt. #, etc. 22. PEEL STREET City & State 23. RAMSEY, ISLE OF MAN 24. IMB 155 Country 25. GREAT BRITAIN	2a. Mailing Address 26. BOURNE CONCOURSE Suite Apt. #, etc. 27. PEEL STREET City & State 28. RAMSEY, ISLE OF MAN 29. IMB 155 Country 30. GREAT BRITAIN	4. FEI Number 13-3909597 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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOOI W SCHWARTZ
6565 TAFT STREET
SUITE 200, HOLLYWOOD,
BROWARD COUNTY
FLORIDA 33024

81. Name CORPORATION SERVICE COMPANY	82. Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	83.	84. City Tallahassee	85. Zip Code FL 32301
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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

Deed Shelly

12. Registered Agent Signature (required when transferring)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	BECK, PHILIP D	☒ DELETE	TITLE	D	BREW, KAREN E	☐ Change ☒ Addition
NAME		C/O 950 3RD AVENUE - 18TH FLOOR		NAME		40 BOURNE CONCOURSE, PEEL STREET	
STREET ADDRESS		NEW YORK NY 10022		STREET ADDRESS		RAMSEY, ISLE OF MAN IMB 155	
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE			☐ DELETE	TITLE	D	SHAND, SANDRA	☐ Change ☒ Addition
NAME				NAME		40 BOURNE CONCOURSE, PEEL STREET	
STREET ADDRESS				STREET ADDRESS		RAMSEY, ISLE OF MAN IMB 155	
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE			☐ DELETE	TITLE			☐ Change ☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE			☐ DELETE	TITLE			☐ Change ☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE			☐ DELETE	TITLE			☐ Change ☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

14. I, the undersigned, certify that the information supplied with this filing does not duplicate the information stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained in 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 in an attachment with an address.

SIGNATURE: K. E. BREW - K E BREW



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ACCOUNT NO. : 072100000032

REFERENCE : 352714 7124230

AUTHORIZATION :

Patricia Fyfe

COST LIMIT : \$ 165.00

ORDER DATE : May 2, 1997

ORDER TIME : 2:37 PM

ORDER NO. : 352714-030

CUSTOMER NO: 7124230

CUSTOMER: Ms. Karen Brew
Charterhouse Corporate
Bourne Concourse
Peal Street
Ramsey, UK IM8 1JJ

ANNUAL REPORT FILING

NAME: HOLMES SYSTEMS SUPPORT, INC.

RECEIVED
97 MAY -2 PM 4:22
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____