

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065636

1. Corporation Name

HOLMES SYSTEMS SUPPORT, INC.

Principal Place of Business

% BOURNE CONCOURSE
PEEL STREET/RAMSEY ISLE OF MAN
GREAT BRITIAN IM81JJ
OC

Mailing Address

% BOURNE CONCOURSE
PEEL STREET/RAMSEY ISLE OF MAN
GREAT BRITIAN IM81JJ
OC

2. Principal Place of Business

21 VICTORIA STREET

Suite, Apt. #, etc.

22 2ND FLOOR, SALISBURY HOUSE

City & State

23 DOUGLAS, ISLE OF MAN

Zip

Country

24 IM1 2LW 25 U.K.

2a. Mailing Address

26 VICTORIA STREET

Suite, Apt. #, etc.

27 2ND FLOOR, SALISBURY HOUSE

City & State

28 DOUGLAS, ISLE OF MAN

Zip

Country

29 IM1 2LW 30 U.K.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETED

NAME DEAN, CAROLE ANNE
STREET ADDRESS BOURNE CONCOURSE PEEL STREET
CITY-ST-ZIP RAMSEY, ISLE OF MAN IM8 1JJ

TITLE D DELETED

NAME CONNOLLY, DAMIAN
STREET ADDRESS BOURNE CONCOURSE, PEEL STREET
CITY-ST-ZIP RAMSEY, ISLE OF MAN IM8 1JJ

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D [] Change [X] Addition

12 NAME MR PARIA O'DOWD
13 STREET ADDRESS 2ND FLOOR, SALISBURY HOUSE, VICTORIA STREET
14 CITY-ST-ZIP DOUGLAS, ISLE OF MAN, U.K. IM1 2LW

21 TITLE D [] Change [X] Addition

22 NAME MRS KAREN BREW
23 STREET ADDRESS 2ND FLOOR, SALISBURY HOUSE, VICTORIA STREET
24 CITY-ST-ZIP DOUGLAS, ISLE OF MAN, U.K., IM1 2LW

31 TITLE S [] Change [X] Addition

32 NAME MRS JANET SHORTALL
33 STREET ADDRESS 2ND FLOOR, SALISBURY HOUSE, VICTORIA STREET
34 CITY-ST-ZIP DOUGLAS, ISLE OF MAN, U.K., IM1 2LW

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

KAREN BREW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

27/05/99

Day and Phone #

APPROVED
AND
FILED

99 JUN -3 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1996

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 owes the current year intangible
Personal Property Tax. [] Yes [] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

0000327



ACCOUNT NO. : 072100000032

REFERENCE : 260240 5149058

AUTHORIZATION : Patricia Pzyub

COST LIMIT : \$ 150.00

ORDER DATE : June 2, 1999

ORDER TIME : 4:0 PM

ORDER NO. : 260240-010

CUSTOMER NO: 5149058

CUSTOMER: Ms. Karen Brew,
Chesterfield Management Ltd.
P.O. Box 118, 2nd Floor
Salisbury House Victoria St
Douglas, IM IM12LW

ANNUAL REPORT FILING

NAME: HOLMES SYSTEMS SUPPORT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____