

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000071023
1. Corporation Name

ST. REGIS CHAMPIONS INC.

Principal Place of Business	Mailing Address
3360 East Bay Drive Largo, FL 33641	

3. Date Incorporated or Qualified 8/26/96	3a. Date of Last Report N/A
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2. Principal Place of Business 21 3660 East Bay Drive Suite, Apt. #, etc. 22 City & State 23 Largo, FL Zip 24 33711 Country 25 USA	2a. Mailing Address 26 P. O. Box 5 Suite, Apt. #, etc. 27 City & State 28 Stowe, VT Zip 29 05672-005 Country 30 USA	4. FEI Number 58-2270031 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

Richard H. Sollner
2700 Barnett Plaza
101 E. Kennedy Blvd.
Tampa, FL 33602

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 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	<input type="checkbox"/> DELETE
NAME	Steve Gross	
STREET ADDRESS	1604 St. Regis Blvd.	
CITY - ST - ZIP	Dorval Quebec Canada H9P-186	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Irving Teitelbaum	
STREET ADDRESS	1604 St. Regis Blvd.	
CITY - ST - ZIP	Dorval Quebec Canada H9P-186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen Gross	
1.3 STREET ADDRESS	1604 St. Regis Blvd.	
1.4 CITY - ST - ZIP	Dorval, Quebec Canada H9P-1H6	
2.1 TITLE	S.T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Irving Teitelbaum	
2.3 STREET ADDRESS	1604 St. Regis Blvd.	
2.4 CITY - ST - ZIP	Dorval, Quebec, Canada H9P-1H6	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1997 514-421-8720

Date

Daytime Phone #

CP2502-1 (6)