


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S55273** (4)
1. Corporation Name
MEMPHRE LIMITED, INC.



Principal Place of Business Mailing Address
**C/O QUARLES & BRADY, BARNETT CENTER
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 33940-3060**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/28/1991	3a. Date of Last Report 03/09/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0271153	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MR. LEO SALVATORI, C/O QUARLES & 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES FL 33840		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 re-registering.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	Baird Limited <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIN, JACQUELINE M.	2. NAME	P.O. Box N-7768 N/A
STREET ADDRESS	P.O. BOX 8332, CHARLOTTE HOUSE N/A	3. STREET ADDRESS	Nassau, Bahamas
CITY-ST-ZIP	NASSAU, BAHAMAS	4. CITY-ST-ZIP	
TITLE	S	2.1 TITLE	Boyne Limited <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEBY, VANESSA Z	2.2 NAME	P.O. Box N-7768 N/A
STREET ADDRESS	P.O. BOX N-8332, CHARLOTTE HOUSE N/A	2.3 STREET ADDRESS	Nassau, Bahamas
CITY-ST-ZIP	NASSAU, BAHAMAS	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEOMANSON, PETER F.	3.2 NAME	
STREET ADDRESS	P.O. BOX N-8332, CHARLOTTE HOUSE N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	700001855287 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-06/07/96--01022--040
STREET ADDRESS		5.3 STREET ADDRESS	***225.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report, or on an attachment with an address.

SIGNATURE:  **14th May, 1996** 1-809-322-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jacqueline M. Bain/Vanessa Z. Coleby

Date Daytime Phone #

CR2E034 (12/95)

06-07-96 OR