


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

FILED
Aug 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V36859 1. Corporation Name Vulcan Holding, Inc. 329 Elizabeth Street Key West, FL 33040-6804			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 329 Elizabeth Street	26 329 Elizabeth Street	3. Date Incorporated or Qualified 05/18/92	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 05/14/96	
22 City & State	27 City & State	4. FEI Number 65-0338652	
23 Key West, FL 33040	28 Key West, FL 33040	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Helene Gironet 329 Elizabeth Street Key West, FL 33040-6804		81 Name Paul Mills, C.P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 601 Duval Street 83 Suite 4 84 City Key West FL 85 Zip Code 33040	
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 <i>Paul Mills C.P.A.</i> Paul Mills, C.P.A. 7/22/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	McCann, MR, President <input checked="" type="checkbox"/> DELETE PO Box 222, 26 Queen ST ST. Helier Jersey, ENGLAND	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Montagu, John 329 Elizabeth Street Key West, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Montagu, John V.P. <input checked="" type="checkbox"/> DELETE 329 Elizabeth Street Key West, FL 33040	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gironet, Helene <input checked="" type="checkbox"/> DELETE 13 Rue Geollad Li Angeuin 75004 PARIS, FRANCE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.		800002267908 -08/15/97--01004--011 ***550.00 PE 8.13	
SIGNATURE: <i>John Montagu</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		John Montagu, President	

CR2E034 (9/96)