

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V59465**

(7)

1. Corporation Name

SPRING MELODY FLORIDA, INC.

Principal Place of Business

**306 Hibiscus Ave
Palm Beach FL 33480
US**

Mailing Address

**20 Pelham Street
London
England SW7 2NG**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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9. Name and Address of Current Registered Agent

**ALEXANDER, KAREN
5737 OKEECHOBEE BLVD SUITE 201
WEST PALM BEACH FL 33417**

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 607.1502, Florida Statutes, the above named corporation signs 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Agent for Service of Process

Signature of Registered Agent or Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	[] DELETE
NAME	MELFORD, JILL	
STREET ADDRESS	20 PELHAM STREET	
CITY-STATE-ZIP	LONDON, ENGLAND	
TITLE	S	[] DELETE
NAME	LEON, ALEXANDER	
STREET ADDRESS	20 PELHAM STREET	
CITY-STATE-ZIP	LONDON, ENGLAND	
TITLE	AS	[X] DELETE
NAME	ALEXANDER, KAREN	
STREET ADDRESS	5737 OKEECHOBEE BLVD SUITE 201	
CITY-STATE-ZIP	WEST PALM BEACH FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(j), 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am listed as an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill Melford (JILL MELFORD)

407-832-0671

CR2E034 (12/95)