FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V71523** **(7)**

1. Corporation Name
ANFIELD ESTATES, INC.

Principal Place of Business	Mailing Address
3 FFORDD GRYFFYDD LLAY WREXHAM CLWYD UK LL120-T US	3 FFORDD GRYFFYDD LLAY WREXHAM CLWYD UK LL120-T US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1992
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 54 WEST GROVE	26 54 WEST GROVE
Suite, Apt. #, etc. 22 RHOSTYLLEN	Suite, Apt. #, etc. 27 RHOSTYLLEN
City & State 23 WREXHAM CLWYD	City & State 28 WREXHAM CLWYD
Zip / Country 24 LL14 4BN / 25 U.K.	Zip / Country 29 LL14 4BN / 30 U.K.

4. FEI Number: 59-3147456 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FISHER, JOHN 1387 E VINE ST KISSIMMEE FL 34744	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 _____ DATE
Signature, typed or printed name of registered agent and the date of signature (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	JONES, T.P.	12 NAME	JONES T.P.
STREET ADDRESS	3 FFORDD GRYFFYDD, LLAY	13 STREET ADDRESS	77 WATTS DYKE, LLAY
CITY ST ZIP	WREXHAM CL	14 CITY ST ZIP	WREXHAM - CLWYD - LL120RL. U.K.
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JONES, STEVEN	22 NAME	
STREET ADDRESS	54 W GROVE, RHOSTYLLEN	23 STREET ADDRESS	
CITY ST ZIP	WREXHAM CL	24 CITY ST ZIP	
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	JONES, HANNAH,
STREET ADDRESS		33 STREET ADDRESS	76 KINGSDOWN PARK.
CITY ST ZIP		34 CITY ST ZIP	WHITSTABLE - KENT - CT5 2DH U.K.
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: T. P. Jones . T. P. JONES 3/14/95 978 852 864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483000 IN