

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 30 1996 8:00 am
Secretary of State

DOCUMENT # V71523

1. Corporation Name

ANFIELD ESTATES INCORPORATED

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 77 WATTS DYKE

25 77 WATTS DYKE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LLAY, WREXHAM

28 LLAY WREXHAM

Zip

Country

Zip

Country

24 LL12 ORL

25

U.K.

29 LL12 ORL

30

U.K.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

1992

3a. Date of Last Report

1996

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

JACK FISHER

LUXURIOUS FLORIDA INC.

1325 IRLO BRONSON MEMORIAL HIGHWAY

KISSIMMEE, FL 34744

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

JACK FISHER
Signature of current registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

6/June/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MR ☐ DELETE
NAME THOMAS PETER JONES D.
STREET ADDRESS 77 WATTS DYKE,
CITY-ST-ZIP LLAY, WREXHAM LL12 ORL U.K.

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE MR ☐ DELETE
NAME STEPHEN JONES D.
STREET ADDRESS 54 WEST GROVE,
CITY-ST-ZIP RHOSTYLEN, WREXHAM LL14 4BN U.K.

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE MISS ☐ DELETE
NAME HANNAH JONES D.
STREET ADDRESS 75 KINGSDOWN PARK,
CITY-ST-ZIP WHITSTABLE CTS 20H. U.K.

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *THOMAS PETER JONES* THOMAS PETER JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 744 1978 852864
Date Daytime Phone #

CR2E037 (12/95)