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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V71523** (7)
1. Corporation Name
ANFIELD ESTATES, INC.



Principal Place of Business 77 WATTS DYKE LLAY WREXHAM UK LL120-RL US	Mailing Address 3 FFORDD GRYFFYDD LLAY WREXHAM CLWYD UK LL120 US	3. Date Incorporated or Qualified 10/13/1992	3a. Date of Last Report 07/30/1996
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21. Principal Place of Business Suite, Apt #, etc. City & State Zip	22. Mailing Address Suite, Apt #, etc. City & State Zip	23. FEI Number 59-3147456	Applied For Not Applicable
24. City & State LLAY, WREXHAM	25. Zip LL12 0RL	26. Country UK	27. Country UK

9. Name and Address of Current Registered Agent FISHER, JACK 1325 IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34744	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL	85 Zip Code
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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME JONES, T.P.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 77 WATTS DYKE LLAY		1.2 NAME	
CITY-ST-ZIP LLAY, WREXHAM U.K. LL120-RL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE D	NAME JONES, STEVEN	1.4 CITY-ST-ZIP	
STREET ADDRESS 54 W GROVE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP RHOSTYLLEN, WREXHAM LL144BN CL	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE D	NAME JONES, HANNAH	2.3 STREET ADDRESS	
STREET ADDRESS 75 KINGSDOWN PARK		2.4 CITY-ST-ZIP	
CITY-ST-ZIP WHITSTABLE CTS 20H UK	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

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.

SIGNATURE: *[Signature]* **THOMAS PETER JONES** 3/21/97 **784 1478 852 864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)