

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

**FILED**

**May 06 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 # G91356 (7)**  
1. Corporation Name  
**SEEDLESS, INC.**



Principal Place of Business  
**1550 SE WESTMORELAND BLVD  
PORT ST. LUCIE FL 34952  
US**

Mailing Address  
**1550 SE WESTMORELAND BLVD  
PORT ST. LUCIE FL 34952-5750  
US**

3. Date Incorporated or Qualified  
**03/14/1984**

3a. Date of Last Report  
**05/01/1996**

**NEW ADDRESS**

2. Principal Place of Business  
21 **12608 COVE VIEW**

2a. Mailing Address  
26 **12608 COVE VIEW**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number  
**59-2404793**

Applied For  
Not Applicable

23 **STUART FL**

28 **STUART FL**

24 **34994** 25 **USA**

29 **34994** 30 **USA**

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  
**KLASSEN, VICTOR  
1550 SE WESTMORELAND BLVD  
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent  
81 Name **SAME REGISTERED AGENT NEW ADDRESS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**12608 COVE VIEW**

83

84 City **STUART** 85 Zip Code **34994**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>KLASSEN, VICTOR</b>
STREET ADDRESS	<b>1550 SE WESTMORELAND BLVD 12608 COVE VIEW</b>
CITY - ST - ZIP	<b>PORT ST. LUCIE FL 34994</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>CORINES, ROBERT</b>
STREET ADDRESS	<b>R.R. 2, TOWNLINE ROAD</b>
CITY - ST - ZIP	<b>LEAMINGTON ONT CANADA N8H3V5</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 REQUIRED** \_\_\_\_\_ **4/28/97** **561-335-2084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)