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

NEW ADDRESS

3. Date Incorporated or Qualified	3a. Date of Last Report
03/14/1984	05/01/1996

2. Principal Place of Business
21 12608 COVE VIEW
Suite, Apt. #, etc.
22
City & State
23 STUART FL
Zip 24 34994 Country 25 USA

2a. Mailing Address
26 12608 COVE VIEW
Suite, Apt. #, etc.
27
City & State
28 STUART FL
Zip 29 34994 Country 30 USA

4. FEI Number
59-2404793
☐ 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

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

JUST NEW ADDRESS

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 FL 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 _____ 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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KLASSEN, VICTOR		1.2 NAME	
STREET ADDRESS	~~1550 SE WESTMORELAND BLVD~~ 12608 COVE VIEW		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~PORT ST. LUCIE FL~~ STUART FL 34994		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CORINES, ROBERT		2.2 NAME	
STREET ADDRESS	R.R. 2, TOWNLINE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	LEAMINGTON ONT CANADA N8H3V5		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 #