

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 502946

(7)

1. Corporation Name

SBM, INC.



Principal Place of Business

1211 E. CERVANTES ST.
PENSACOLA FL 32501
US

Mailing Address

1423 LEMHURST DR.
PENSACOLA FL 32507
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

SOWELL, ADEN K
1211 E. CERVANTES ST.
PENSACOLA FL 32506

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 607.01(1) and 607.150(1), Florida Statute, 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(1), Florida Statute.

SIGNATURE

Signature type (print name of the person who signed this statement)

Signature type (print name of the person who signed this statement)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	SOWELL, ADEN K	
STREET ADDRESS	2310 BANQUO'S COURT	
CITY-STATE-ZIP	PENSACOLA, FL 00000	
TITLE	ST	DELETE
NAME	SOWELL, ADEN K	
STREET ADDRESS	2310 BANQUO'S COURT	
CITY-STATE-ZIP	PENSACOLA, FL 00000	
TITLE	VD	DELETE
NAME	BECKNER, WAYNE	
STREET ADDRESS	9443 S. OLD DIXIE HWY.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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)(a), 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:

Aden K Sowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96

804
432 746

CR2E034 (12/95)