

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:13

DOCUMENT # 843354

(2)

1. Corporation Name

FLORIBEC INTERNATIONAL, INC.

Principal Place of Business

3616 MAGNOLIA PT., BLVD.
GREEN COVE SPRINGS FL 32043

Mailing Address

3616 MAGNOLIA PT., BLVD.
GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/30/1979

3a. Date of Last Report

01/25/1994

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

4. FEI Number

59-1920840

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

10. Name and Address of New Registered Agent

ROYAL, BERT V.
3616 MAGNOLIA POINT BLVD.
GREEN COVE SPRINGS FL 32043

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 607.0502 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
5. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
6. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
7. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
8. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
9. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.076 and 130.077, Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of this report, or on an attachment with my address.

SIGNATURE:

Bert V. Royal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/95

904-254-4653

Exhibit 1 (Form 8)