

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994. AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED AND FILED

94 AUG -4 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G91356 (7)

1. Corporation Name
SEEDLESS, INC.

Mailing Address
**C/O VICTOR KLASSEN
1050 TILTON RD.
PORT ST. LUCIE FL 34952**

Principal Place of Business
**C/O VICTOR KLASSEN
1050 TILTON RD.
PORT ST. LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1984	3a. Date of Last Report 08/19/1993
4. FEI Number 59-2404793	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 1550 SE Westmoreland Blvd	2a. Principal Place of Business 26 1550 SE Westmoreland Blvd
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent KLASSEN, VICTOR 1050 TILTON RD. PORT ST. LUCIE FL 34952		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1550 SE Westmoreland Blvd.		
83	84 City		
	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 607.0503 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and the date (MM/DD/YY) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1994	
11 TITLE P	KLASSEN, VICTOR	11 TITLE	
12 NAME		12 NAME	
13 STREET ADDRESS 1050 TILTON ROAD →		13 STREET ADDRESS 1550 SE Westmoreland Blvd.	
14 CITY - ST - ZIP PORT ST. LUCIE FL 34952		14 CITY - ST - ZIP	
21 TITLE S	CORNIES, ROBERT	21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS R.R. 2, TOWNLINE ROAD		23 STREET ADDRESS	
24 CITY - ST - ZIP LEAMINGTON ONT CANADA N8H3V5		24 CITY - ST - ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - 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 119.05(2) of the Florida Statutes. I further certify that the information included on this annual report or significant 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 registered agent or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, with an attachment with an address.

SIGNATURE:  **8/1/94 (407)335-2084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR