

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**
Suite, Apt. #, etc.

2a. Mailing Address
26 **12608 COVE VIEW**
Suite, Apt. #, etc.

4. FEI Number
59-2404793

Applied For
Not Applicable

22 City & State
23 **STUART FL**

27 City & State
28 **STUART FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **34994** 25 Country **USA**

29 Zip **34994** 30 Country **USA**

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

Date: **4/28/97** Daytime Phone #: **561-335-2084**

CR2E034 (9/96)