


FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000034859 (7)</b>			
<b>1. Corporation Name</b> <b>SDS INTERNATIONAL, INC.</b>			
<b>Principal Place of Business</b> <b>8418 EAST BAY BLVD</b> <b>NAVARRE FL 32566</b> <b>US</b>		<b>Mailing Address</b> <b>8418 EAST BAY BLVD</b> <b>NAVARRE FL 32566-6306</b> <b>US</b>	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>
<b>9. Name and Address of Current Registered Agent</b>			
<b>FLEET, H B</b> <b>1201 EGLIN PKWY</b> <b>SHALIMAR FL 32579</b>			<b>81</b> Name
			<b>82</b> Street Address
			<b>83</b>
			<b>84</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b>			
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>12.</b>			<b>13.</b>
TITLE	VPD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	SCHOR, FRED		1.2 NAME
STREET ADDRESS	8418 EAST BAY BLVD		1.3 STREET ADDRESS
CITY-ST-ZIP	NAVARRE FL		1.4 CITY-ST-ZIP
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	SCHOR, JOHN		2.2 NAME
STREET ADDRESS	8418 EAST BAY BLVD		2.3 STREET ADDRESS
CITY-ST-ZIP	NAVARRE FL		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.</b>			
<b>SIGNATURE:</b>			
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)