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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034859 (7)

SDS INTERNATIONAL, INC.

Mailing Address Principal Place of Business **B418 EAST BAY BLVD** 8418 EAST BAY BLVD NAVARRE FL 32566-6306 NAVARRE FL 32566 3a. Date of Last Report 3. Date Incorporated or Qualified 05/13/1993 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3192755 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 26 Added to Fees 2mCountry Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Yes ☐ No 24 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FLEET. H B 1201 EGLIN PKWY Street Address (P.O. Box Number is Not Acceptable) SHALIMAR FL 32579 83 City 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, typed or pented name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VPD DELETE Change Addition 1.1 TITLE THUE SCHOR, FRED 1.2 NAME NAM 8418 EAST BAY BLVD 1.3 STREET ADDRESS STREET ADDRESS NAVARRE FL Cilir S1-7iF 1.4 CITY - ST - ZIP PD DELETE 2.1 TITLE THEF SCHOR, JOHN NAME 2.2 NAME 8418 EAST BAY BLVD 23 STREET ADDRESS STREET ADDRESS NAVARRE FL 2 4 City-ST-ZIP CHY \$1-261 Change __ DELETE 3.1 TITLE TITLE 3.2 NAME 4.41.16 STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition THU 4.1 TITLE NAV: 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME MAME 53 STREET ADDRESS STREET ADDRESS 06Y-S1-74 5.4 CITY - ST-ZIP DELETE 61 TITLE Change Addition 1111 HALP 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

14. I do hereby certify that the information supplied with this filling 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 efficer or director of the compilation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if

CITY - ST - 705

INTED NAME OF SIGNING OFFICER OR DIRECTOR

n attachment with an address.

FILED

Apr 23 1997 8:00am

Secretary of State