

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morhart
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -5 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032654 (3)**

1. Corporation Name
SBI INTERNATIONAL, INC.

Principal Place of Business Mailing Address
**4420 CANAL DR
SANFORD FL 32771** **4420 CANAL DR
SANFORD FL 32771**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1994	3a. Date of Last Report
4. FEI Number 59-3299193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 237 Coastline Road	26 237 Coastline Road		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23 Sanford FL	28 Sanford FL		
Zip	Country	Zip	Country
24 32771-6659	25 Seminole	29 32771-6659	30 Seminole

9. Name and Address of Current Registered Agent
**CAMPBELL, DAVID C
4420 CANAL DR
SANFORD FL 32771**

10. Name and Address of New Registered Agent

B1 Name Campbell, Robert Y.	
B2 Street Address (P.O. Box Number is Not Acceptable) 4420 Canal Drive	
B3	
B4 City Sanford	B5 Zip Code FL 32771-6659

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: **ROBERT Y. CAMPBELL DP** *Robert Y. Campbell* 3/24/95
(Signature must be printed name of registered agent and his or her title. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CAMPBELL, DAVID
STREET ADDRESS	110 PINE CIRCLE DR
CITY, ST, ZIP	LAKE MARY FL 32746
TITLE	DT
NAME	CAMPBELL, ROBERT Y
STREET ADDRESS	4420 CANAL DR
CITY, ST, ZIP	SANFORD FL 32771
TITLE	DS
NAME	CAMPBELL, SANDRA W
STREET ADDRESS	4420 CANAL DR
CITY, ST, ZIP	SANFORD FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CAMPBELL, ROBERT Y.	
13 STREET ADDRESS	4420 CANAL DRIVE	
14 CITY, ST, ZIP	SANFORD FL 32771	
21 TITLE	DT/DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CAMPBELL, SANDRA W.	
23 STREET ADDRESS	4420 CANAL DRIVE	
24 CITY, ST, ZIP	SANFORD FL 32771	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my appearance 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 register this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SANDRA W. CAMPBELL DT/DS** *Sandra W. Campbell* 3/24/95 (407) 324-9933
(Signature must be printed name of filing officer or director)