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Apr 22 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 # P94000032654 (3)

1. Corporation Name
SBI INTERNATIONAL, INC.



Principal Place of Business
237 COASTLINE RD
SANFORD FL 32771-6659
US

Mailing Address
237 COASTLINE RD
SANFORD FL 32771-6659
US

3. Date Incorporated or Qualified 04/29/1994
3a. Date of Last Report 04/29/1996
4. FEI Number 59-3239193
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 100-A COMMERCE WAY
Suite, Apt. #, etc

2a. Mailing Address
26 100-A COMMERCE WAY
Suite, Apt. #, etc.

22 City & State
23 SANFORD FL

27 City & State
28 SANFORD FL

24 Zip 32771
25 Country US

29 Zip 32771
30 Country US

9. Name and Address of Current Registered Agent

CAMPBELL, ROBERT Y
4420 CANAL DR
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP [] DELETE
NAME CAMPBELL, ROBERT Y
STREET ADDRESS 4420 CANAL DR
CITY-ST-ZIP SANFORD FL 32771
TITLE DTDS [] DELETE
NAME CAMPBELL, SANDRA W
STREET ADDRESS 4420 CANAL DR
CITY-ST-ZIP SANFORD FL 32771
TITLE DS [] DELETE
NAME CAMPBELL, SANDRA W
STREET ADDRESS 4420 CANAL DR
CITY-ST-ZIP SANFORD FL 32771
[] DELETE
[] DELETE
[] DELETE

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] 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 in an attachment with an address.

SIGNATURE: Sandra W. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/14/97
Daytime Phone: 407-324-9933

CR2E034 (9/96)