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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

2. Principal Place of Business

21 100-A COMMERCE WAY

Suite, Apt. #, etc.

2a. Mailing Address

26 100-A COMMERCE WAY

Suite, Apt. #, etc.

4. FEI Number

59-3239193

Applied For

Not Applicable

22 City & State

23 SANFORD FL

Zip Country

24 32771

25 US

27 City & State

28 SANFORD FL

Zip Country

29 32771

30 US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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

TITLE DP
NAME CAMPBELL, ROBERT Y
STREET ADDRESS 4420 CANAL DR
CITY-ST-ZIP SANFORD FL 32771 ☐ DELETE

TITLE DTDS
NAME CAMPBELL, SANDRA W
STREET ADDRESS 4420 CANAL DR
CITY-ST-ZIP SANFORD FL 32771 ☐ DELETE

TITLE DS
NAME CAMPBELL, SANDRA W
STREET ADDRESS 4420 CANAL DR
CITY-ST-ZIP SANFORD FL 32771 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra W. Campbell

4/14/97

407-324-9933

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CR2E034 (9/96)