

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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: **100-A COMMERCE WAY SANFORD FL 32771 US**  
 Mailing Address: **100-A COMMERCE WAY SANFORD FL 32771 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **04/29/1994**

4. FEI Number: **59-3239193**

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 owes or has paid the current year Intangible Personal Property Tax due June 30:  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 (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	CAMPBELL, ROBERT Y	1.2 NAME	
STREET ADDRESS	4420 CANAL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	1.4 CITY-ST-ZIP	
TITLE	DTDS	2.1 TITLE	
NAME	CAMPBELL, SANDRA W	2.2 NAME	
STREET ADDRESS	4420 CANAL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	CAMPBELL, SANDRA W	3.2 NAME	
STREET ADDRESS	4420 CANAL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Sandra W. Campbell* SANDRA W. CAMPBELL 4/24/98 407-324-9933

CR2E034 (10/97)