


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

FILED  
Apr 18 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 # P94000036966 (7)					
1. Corporation Name SANSON INTERNATIONAL, INC.					
Principal Place of Business 4004 128 STREET W #904 CORTEZ FL 34215			Mailing Address 4004 128 STREET W #904 CORTEZ FL 34215-2547		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1994	
21		26		3a. Date of Last Report 07/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 13-1922426	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent SANSON, WILLEM M 4004 128 STREET W #904 CORTEZ FL 34215			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 re-stating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD SANSON, WILLEM M 4004 128 STREET W #904 CORTEZ FL 34215			1.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
1.2 NAME VSD SANSON, KAREN 4004 128 STREET W #904 CORTEZ FL 34215			1.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
1.3 STREET ADDRESS CORTEZ FL 34215			1.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>		
1.4 CITY - ST - ZIP			1.4 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
2.1 TITLE			2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
2.2 NAME			2.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
2.3 STREET ADDRESS			2.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>		
2.4 CITY - ST - ZIP			2.4 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
3.1 TITLE			3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
3.2 NAME			3.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
3.3 STREET ADDRESS			3.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>		
3.4 CITY - ST - ZIP			3.4 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
4.1 TITLE			4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
4.2 NAME			4.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
4.3 STREET ADDRESS			4.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>		
4.4 CITY - ST - ZIP			4.4 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
5.1 TITLE			5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
5.2 NAME			5.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
5.3 STREET ADDRESS			5.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>		
5.4 CITY - ST - ZIP			5.4 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
6.1 TITLE			6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
6.2 NAME			6.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
6.3 STREET ADDRESS			6.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>		
6.4 CITY - ST - ZIP			6.4 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: KAREN SANSON / Karen Sanson 4/6/97 941 761 8711					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)