

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 15 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075406 (6)

1. Corporate Name:

STEBIS INTERNATIONAL, INC.

Principal Place of Business

360 STRATHMORE AVE
OLDSMAR FL 34677

Mailing Address

360 STRATHMORE AVE
OLDSMAR FL 34677

2. Principal Place of Business

21 8154 Woodland Ct.

2a. Mailing Address

26 Same

Suite, Apt. # etc.

22 Ste

Suite, Apt. # etc.

27

City & State

23 TAMPA - FL

City & State

28

Zip

24 33614

Country

25 USA

Zip

29 33614

Country

30 USA

9. Name and Address of Current Registered Agent

CALVO, GABRIEL E
360 STRATHMORE AVE
OLDSMAR FL 34677

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 607.150(1) and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered officer or registered agent 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 a member with and in good standing of the State Bar of Florida, Florida Statutes.

SIGNATURE

Officer's Signature _____ Date _____

By _____ Registered Agent _____ Date _____

At _____

12. OFFICER AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
6001	D HILHOFF, SANDER AKKERSEPRAT #1 OPHEMERT, HOLLAND	61 NAME 62 STREET ADDRESS 63 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6002		64 NAME 65 STREET ADDRESS 66 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6003		67 NAME 68 STREET ADDRESS 69 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6004		70 NAME 71 STREET ADDRESS 72 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6005		73 NAME 74 STREET ADDRESS 75 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6006		76 NAME 77 STREET ADDRESS 78 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6007		79 NAME 80 STREET ADDRESS 81 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6008		82 NAME 83 STREET ADDRESS 84 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6009		85 NAME 86 STREET ADDRESS 87 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6010		88 NAME 89 STREET ADDRESS 90 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6011		91 NAME 92 STREET ADDRESS 93 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6012		94 NAME 95 STREET ADDRESS 96 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6013		97 NAME 98 STREET ADDRESS 99 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information contained with the filing is voluntarily furnished and does not conflict, for example, with the law(s) of this state(s). 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 if made under oath. I am an officer or director of the corporation 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 of this form or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 813-249-6411