

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY 16 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075406 (6)

1. Corporation Name  
**STEBIS INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
**360 STRATHMORE AVE  
OLDSMAR FL 34677**      **360 STRATHMORE AVE  
OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/10/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3277619</b>	Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$6.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 193(3)(f), Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>8154 Woodland Ctr.</b>	26. Mailing Address <b>Same</b>
22. Suite, Apt. #, etc. <b>Ste</b>	27. Suite, Apt. #, etc.
23. City & State <b>Tampa, FL</b>	28. City & State
24. Zip <b>33614</b>	25. Country <b>USA</b>
29. Zip <b>33614</b>	30. Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>CALVO, GABRIEL E 360 STRATHMORE AVE OLDSMAR FL 34677</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. FL Zip Code

11. Pursuant to the provisions of Sections 607.09(1) and 607.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in full in the State of Florida. If 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 Sections 607.09(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_  
By: \_\_\_\_\_ Registered Agent (if not registered agent, name below)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. NAME <b>HILHOFF, SANDER AKKERSEPRAT #1 OPHEMERT, HOLLAND</b>		1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY, STATE, ZIP		3. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, STATE, ZIP		6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, STATE, ZIP		9. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE, ZIP		12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and that, not equal, for the compliance, stated in Section 607.09(1), Florida Statutes. I further certify that the information is complete and correct as of the date of filing and that my signature shall have the same legal effect as if made under oath. That I am providing the information for all the purposes of this statute and that the information is required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing or an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95      813-249-6411