

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000075406 (6)

1. Corporation Name

STEBIS INTERNATIONAL, INC.



Principal Place of Business

8154 WOODLAND CTR
TAMPA FL 33614
US

Mailing Address

8154 WOODLAND CTR.
TAMPA FL 33164
US

2. Principal Place of Business

21 8196 Woodland Ctr Blvd

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33614

Country

25 USA

2a. Mailing Address

26 8196 Woodland Ctr Blvd

Suite, Apt. #, etc.

27

City & State

28 Tampa FL

Zip

29 33614

Country

30 USA

3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

05/16/1995

4. FET Number

59-3277619

Applied For

Not Applicable

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

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 607.0502 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 that of corporation)

(Typed) Registered Agent Signature (typed name of corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: HILHOFF, SANDER
STREET ADDRESS: AKKERSEPPRAAT #1
CITY-ST-ZIP: OPHEMERT, HOLLAND

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sander H

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MONTH/YEAR PHONE #

CR2E034 (12/95)