


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

FILED

Apr 10 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 # V12846 (4) 1. Corporation Name SDR INTERNATIONAL, INC.																																																																																																																																									
Principal Place of Business 1080 GOODLETTE ROAD N NAPLES FL 33940 US			Mailing Address 1080 GOODLETTE ROAD NORTH NAPLES FL 34102-5449 US																																																																																																																																						
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34102 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/10/1992 3a. Date of Last Report 04/04/1996 4. FEI Number 65-0325286 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																					
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																									
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>REPP, DUANE L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>300 EDMERE WAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NAPLES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>REPP, THOMAS S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2405 PENDLETON PLACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WAUKESHA WI</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> DELETE	NAME	REPP, DUANE L.		STREET ADDRESS	300 EDMERE WAY		CITY - ST - ZIP	NAPLES FL		TITLE	V	<input type="checkbox"/> DELETE	NAME	REPP, THOMAS S		STREET ADDRESS	2405 PENDLETON PLACE		CITY - ST - ZIP	WAUKESHA WI		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">1.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY - ST - ZIP			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY - ST - ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY - ST - ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY - ST - ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY - ST - ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY - ST - ZIP		
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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: <u>Thomas S. Repp</u> THOMAS S. REPP 4/4/97 (414) 544-6400 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																									



CR2E034 (9/96)