

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000004159 (9)

1. Corporation Name
SUPERIOR LABEL SYSTEMS, INC.



Principal Place of Business: **11405 GROOMS ROAD CINCINNATI OH 45242**
Mailing Address: **11405 GROOMS ROAD CINCINNATI OH 45242**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
22. State, Apt. #, etc.
26. State, Apt. #, etc.
23. City & State
27. City & State
24. Zip
25. Country
29. Zip
30. Country

3. Date Incorporated or Qualified: **08/10/1994**
3a. Date of Last Report: **10/18/1995**
4. FEI Number: **31-0795528**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.042 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 607.042, Florida Statutes.

SIGNATURE _____ Title _____ (SEE INSTRUCTIONS)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIDD, KENNETH	
STREET ADDRESS	7967 HUNTERSKNOLL CT.	
CITY, ST, ZIP	CINCINNATI OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GETTELFINGER, JAMES	
STREET ADDRESS	8200 BAYWOOD COURT	
CITY, ST, ZIP	MAINEVILLE OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRAIG, THOMAS	
STREET ADDRESS	6789 KENWOOD RD.	
CITY, ST, ZIP	CINCINNATI OH	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GETTELFINGER, EARL	
STREET ADDRESS	7074 BARRETT RD.	
CITY, ST, ZIP	WEST CHESTER OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRENNAN, ROBERT J	
STREET ADDRESS	11405 GROOMS ROAD	
CITY, ST, ZIP	CINCINNATI OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. 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 119.04(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, the registrar or trustee or person authorized 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: *Robert J. Brennan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT J. BRENNAN, V.P.

4/1/96 (513) 489-3800
DATE TIME

CR2E034 (12/95)