

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

FILED

**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J04605 (8)
 1. Corporation Name
SUPERIOR ALMONDS IV, INC.



Principal Place of Business P.O. BOX 521238 SALT LAKE CITY UT 84152-1238	Mailing Address P.O. BOX 521238 SALT LAKE CITY UT 84152
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3. Date Incorporated or Qualified 03/17/1986	3a. Date of Last Report 01/30/1996
4. FEI Number 59-2650393	Applied For <input type="checkbox"/> Not Applicable
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	

21. Principal Place of Business Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

PETROSKI, BARBARA J
100 W LUCERNE CIRCLE
SUITE 504
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81. Name **Erich Huemer**
 82. Street Address (P.O. Box Number is Not Acceptable) **7400 International Drive**
 83.
 84. City **Orlando** **FL** 85. Zip Code **32819**

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 *Erich Huemer* **1/10/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTON, FINLEY	
STREET ADDRESS	2120 SOUTH 1300 EAST, #101	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETERSON, MARILYN	
STREET ADDRESS	2120 SOUTH 1300 EAST, #101	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TOBLER, JENNIFER	
STREET ADDRESS	2120 SOUTH 1300 EAST, #101	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr
1.4 CITY-ST-ZIP	Salt Lake City, Utah 84109
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr
2.4 CITY-ST-ZIP	Salt Lake City, Utah 84109
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr.
3.4 CITY-ST-ZIP	Salt Lake City, Utah 84109
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	

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: *[Signature]* **SIGNATURE REQUIRED** **1/6/97** **801-487-4048**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)