

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

**FILED**

**Apr 29 1998 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M64219 (2)**

1. Corporation Name  
**SUPERIOR HYDRAULICS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 6767 C/O POJMANN, DONALD K & JULIE L POB 6767 SEFFNER FL 33583-6767 US	Mailing Address P.O. BOX 6767 C/O POJMANN, DONALD K & JULIE L POB 6767 SEFFNER FL 33584-3767
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3. Date Incorporated or Qualified  
**01/04/1988**

2. Principal Place of Business 21 <b>1497 C.R. 416</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2690 C.R. 416 N</b> Suite, Apt. #, etc.
22 <b>LAKE PANASOFFKEE, FL</b> City & State	27 <b>LAKE PANASOFFKEE, FL</b> City & State
23 <b>33538</b> <b>USA</b> Zip Country	28 <b>33538</b> <b>USA</b> Zip Country

4. FEI Number  
**59-2866898**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

g. Name and Address of Current Registered Agent  
**POJMANN, DONALD K. & JULIE L.  
503 LAWS LANE  
SEFFNER FL 33584**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>2690 C.R. 416 N</b>
83
84 City <b>LAKE PANASOFFKEE FL</b> 85 Zip Code <b>33538</b>

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 *Julie L. Pojmann* DATE **1/8/98**

Signature typed or printed name of registered agent and 10-digit identification number (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>POJMANN, DONALD KENNETH</b>
STREET ADDRESS	<b>503 LAWS LANE</b>
CITY-ST-ZIP	<b>SEFFNER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>POJMANN, JULIE LYNNE</b>
STREET ADDRESS	<b>503 LAWS LANE</b>
CITY-ST-ZIP	<b>SEFFNER FL</b>
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2690 C.R. 416 N</b>
1.4 CITY-ST-ZIP	<b>LAKE PANASOFFKEE, FL 33538</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2690 C.R. 416 N</b>
2.4 CITY-ST-ZIP	<b>LAKE PANASOFFKEE, FL 33538</b>
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	

14. I 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 *Julie L. Pojmann* **11/01/98 33584-3767**

CR2E034 (10/97)