

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

FILED

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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
---	---

3. Date Incorporated or Qualified
01/04/1988

2. Principal Place of Business 21 1497 C.R. 416 Suite, Apt. #, etc.	2a. Mailing Address 26 2690 C.R. 416 N Suite, Apt. #, etc.
22 City & State LAKE PANASOFFKEE, FL	27 City & State LAKE PANASOFFKEE, FL
23 Zip 33538	24 Country USA
25 Zip 33538	26 Country USA

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) 2690 C.R. 416 N
83
84 City LAKE PANASOFFKEE FL
85 Zip Code 33538

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 is acceptable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POJMANN, DONALD KENNETH	
STREET ADDRESS	503 LAWS LANE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POJMANN, JULIE LYNNE	
STREET ADDRESS	503 LAWS LANE	
CITY-ST-ZIP	SEFFNER FL	
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	2690 C.R. 416 N
1.4 CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2690 C.R. 416 N
2.4 CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
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* **11/29/98 33584-3767**

CR2E034 (10/97)