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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600009610

1. Corporation Name

FLORIDA SUPER SITE, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90206 016 ***150.00



					AIII BAI38 IBII8 BII81 ilbii 1911 ilbi
Principal Place	of Business	Mailing Address			
1123 POINT NEWPORT TERRACE 1123 POINT-NEWPORT TERRACE					
CASSELBERRY FL 32707 CASSELBERRY FL 32707				DO NOT WRITE IN THIS SPACE	
					HIS SPACE
				3. Date Incorporated or Qualifed	
		T		01/31/1996 . 4. FEI Number	
2. Principal Pl	ace of Busiless	2a. Mailing Address	1 1 . /		Applied For
21 8 5	LEBURY SHIPLE		-by shine l	2c/ 59-3365439	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City State	9.1.1.	City & State		6. Election Campaign Financing	\$5.00 May Be
23	itland to	28		Trust Fund Contribution	Added to Fees
29	Country	Zip	Country	8. This corporation owes the current year	
24 901	25	29 30		Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
			81 Name	ALEVU DAVID	
	EKY, DAVID		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	POINT NEWPORT TERRACE		Z 2 3	31 Derbushire RD.	
CAS	SELBERRY FL 32707		83		
			24 27 4		as Zin Codo
			84 City M	AiHand 1	FL 327.51
44. Describe the available of Sections 607 0502 and 607 1508. Elorida Statutes the above named corporation submits this statement for the purpose of changing its redistered					
office or re	egistered agent, or both, in the State of	Florida. Such change was autho	orized by the comoora	ation's board of directors. I hereby accept the ap	pointment as registered
_	m familiar with, and accept the obligation	ans of, Section 607.0505, Florida	Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if explicable (NOTE: Rec	gistered Agent signature requ	uired when reinstating) DATE	<u> </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	•	Change Addition
NAME	KALEKY, DAVID		1.2 NAME	KALEKY, DAVID 831 Derbyshire Rd	·
STREET ADDRESS	1123 ROINT NEWPORT TERRAC	· I	13 STREET ADDRESS	831 Derbyshire Md	. }
	CASSELBERRY FL 32707	~	1.4 CITY-ST-ZIP	MAITLAND FL. 3	2751
CITY-ST-ZIP	OAGGEEDAGHT TE GETOT	☐ DELETE	2.1 TITLE	FITTI GIND	Change Addition
		_	2.2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS				and the second s	
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE		DEEE,10	3.2 NAME		
NAME					
STREET ADDRESS			3.3 STREET ADDRESS)
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ ncreic	4.1 TITLE		
NAME	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Maddition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS		j	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}

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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #