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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000050895 (7)**

1. Corporation Name
SUPER BRAKES INC.

Principal Place of Business	Mailing Address
101 S. CONGRESS AVENUE DELRAY BEACH FL 33444	101 S. CONGRESS AVENUE DELRAY BEACH FL 33445-4895

3. Date Incorporated or Qualified: 06/10/1996
3a. Date of Last Report:

2. Principal Place of Business
21 101 S. congress AVE
Suite, Apt #, etc.
22 Bay C
City & State
23 Delray beach
Zip 24 33444 Country 25 palm beach

2a. Mailing Address
26 101 S. congress AVE
Suite, Apt #, etc.
27 Bay C
City & State
28 Delray beach
Zip 29 33444 Country 30 palm beach

4. FEI Number: 65-066 8466 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

DRORY, JOSEPH
22511 S.W. 66TH AVENUE, #404
BOCA RATON FL 33428

10. **Name and Address of New Registered Agent**

81 Name: DRORY Joseph
82 Street Address (P.O. Box Number is Not Acceptable): 5430 Lyons rd # 105
83
84 City: Coconut creek FL 85 Zip Code: 33073

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRES/D	☐ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	JOSEPH DRORY		1.2 NAME	JOSEPH DRORY	
STREET ADDRESS	5430 Lyons Rd, #105		1.3 STREET ADDRESS	5430 Lyons Rd, #105	
CITY-ST-ZIP	Coconut Creek, FL 33073		1.4 CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: PRES JOSEPH DRORY 1/16/97 561-279-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #