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95 MAY -1 AM 9:24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V49815** **(6)**

1. Corporation Name
SUPERCHIPS, INC.

Principal Place of Business
111 NORTH ORANGE AVENUE
SUITE 900
ORLANDO FL 32801

Mailing Address
111 NORTH ORANGE AVENUE
SUITE 900
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0356451 — 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. 199.052 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21 134 B Baywood Ave.
22 Suite, Apt. #, etc.
23 City & State: Longwood, FL
24 Zip: 32750
25 County:

2a. Mailing Address
26 134 B Baywood Ave
27 Suite, Apt. #, etc.
28 City & State: Longwood, FL
29 Zip: 32750
30 County:

9. Name and Address of Current Registered Agent

SHAMS, MAURICE
111 NORTH ORANGE AVENUE
SUITE 900
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name: Michael P. Short
82 Street Address (P.O. Box Number is Not Acceptable): 517 Lombardy Rd.
83
84 City: Winter Springs, FL
85 Zip Code: 32708

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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 X Michael P. Short — Michael P. Short General Manager — April 7, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	TITLE	[X] Change [ ] Addition
NAME	WALES, PETER J.	NAME	
STREET ADDR.	1958 HIGHWAY 427 NORTH	STREET ADDRESS	134 b Baywood Ave
CITY-ST-ZIP	LONGWOOD FL	CITY-ST-ZIP	Longwood, FL 32750
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDR.		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDR.		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDR.		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDR.		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDR.		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), Florida Statutes. I further certify that the information indicated on the 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] — 5/1/95 — 407-260-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0053184 CP