


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

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 442254 (9)  
1. Corporation Name  
SUPERIOR COLOR PLATE, INC.

Principal Place of Business 1779 INDEPENDENCE BLVD. SARASOTA FL 34234	Mailing Address 1779 INDEPENDENCE BLVD. SARASOTA FL 34234-2106
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/26/1973	3a. Date of Last Report 04/29/1996
4. FEI Number 59-1497597		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ROBERTS, EARL V. 1779 INDEPENDENCE BLVD. SARASOTA FL 33580				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	ROBERTS, EARL V.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	1779 INDEPENDENCE BLVD.			1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	SARASOTA FL			2.1 TITLE		2.2 NAME	
TITLE	STD	NAME	ROBERTS, LOIS	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS	1779 INDEPENDENCE BLVD.			3.1 TITLE		3.2 NAME	
CITY-ST-ZIP	SARASOTA FL			3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	VP	NAME	KATHRYN SCAHALL	4.1 TITLE		4.2 NAME	
STREET ADDRESS	1779 INDEPENDENCE BLVD			4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP	SARASOTA FL			5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY-ST-ZIP				6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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 \_\_\_\_\_

P2E034 (9/96)