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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 461513 (4) SUPERIOR REPORTING, INC. Principal Place of Business Mailing Address							
		4141 NW 75 TERRACE LAUDERHILL FL 33319					
US	2 33070	US	••••		3. Date Incorporated or Qualified 10/17/1974	3a. Date of L 04/10/19	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	ן טיון וייטן ווי	Applied For
21 26		26			59-1552353 Not Applic		Not Applicable
		Suite, Apt. #, etc.	c.		5. Certificate of Status Desired		75 Additional
22			·····		6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution		Ided to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for		der s. 199.032,
24	25 9. Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Re	<u> </u>	
90/	ORCA, LAWRENCE JR.	ill negistered Agent		81 Name	10. Name and Address of free no	distaien wäeiir	
414	1 NW. 75 TERR.			82 Street Add	dress (P.O. Box Number is Not Acceptate	No.	
LAUDERHAILL FL 33319			l	OZ STEEL AU	uress (F.O. Box Number is Not Acceptate	/io)	
			İ	83			
				84 City		FL 85	Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 registered agent, or both, in the Staturn familiar with, and accept the obli-				rporation submits this statement for the pation's board of directors. I hereby acceptured when renstating)	purpose of chang pt the appointme	ing its registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	PD AND LAWDENCE	DELETE	. 1.1 Ti			Ĺ Ch	ange Addition
NAME BYDELT AGEORGE	SCORCA JR, LAWRENCE 4141 N W 75TH TERRACE		1.2 N/				
STREET ADDRESS City-St-Zip	LAUDERHILL FL 33319			HEET ADDRESS TY-ST-ZIP	•		10
TITLE		DELETE	2.1 10			Ch	ange Addition
NAME			2.2 N	AME]			
STREET ADORESS			1	REET ADDRESS			-
CITY-ST-7iP T.TLF		DELETE	2 4 C	ITY-ST-ZIP		☐ Ch	ange Addition
NAME		L. Bettie	3.1 h	Ĭ		L. V.	
STREET ADORESS			·	REET ADDRESS			
CITY-ST ZIP				ITY-ST-ZIP			
TITLE		DELETE	4.1 Ti	·		[_] Ch	ange 🔲 Addition
NAME			4.2 N				1
STREET ADDRESS CITY+ST-ZIP	ļ		1	REET ADORESS			
THE		☐ DELE1E	51 TI			Ch	ange Addition
NAME			52 N	AME			ľ
STREET ADDRESS			5.3 \$	TREET ADDRESS			†
CITY ST - ZIF				TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		DELETE	6.1 TI	1		Ch	ange Addition
NAME CONTRACTOR			6.2 N	ł	•		l
STREET ADDRESS			6.3 S	TREET ADDRESS			

SIGNATURE

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 exemption 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 3 it changed, or only in attachment with an address.

FILED

Mar 17 1997 8:00am

Secretary of State