

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 674855 (2)

1. Corporation Name

SUPER TRANSPORT, INC.



Principal Place of Business

951 BROKEN SOUND PKWY NW STE 100  
PO BOX 3054  
BOCA RATON FL 33431-0054

Mailing Address

951 BROKEN SOUND PKWY NW STE 100  
PO BOX 3054  
BOCA RATON FL 33431-0054

3. Date Incorporated or Qualified

06/25/1980

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2013436

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUSTER, MICHAEL  
951 BROKEN SOUND PKWY, NW  
SUITE 100  
BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, type 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 P ☐ DELETE

NAME SCHUSTER, I. TULLY  
STREET ADDRESS 951 BROKEN SOUND PWY 100  
CITY - ST - ZIP BOCA RATON FL

TITLE ST ☐ DELETE

NAME SCHUSTER, RITA  
STREET ADDRESS 951 BROKEN SOUND PWY 100  
CITY - ST - ZIP BOCA RATON FL

TITLE V ☐ DELETE

NAME SCHUSTER, RONALD  
STREET ADDRESS 951 BROKEN SOUND PWY 100  
CITY - ST - ZIP BOCA RATON FL

TITLE V ☐ DELETE

NAME SCHUSTER, MICHAEL  
STREET ADDRESS 951 BROKEN SOUND PWY 100  
CITY - ST - ZIP BOCA RATON FL

TITLE V ☐ DELETE

NAME SCHUSTER, TAMMY  
STREET ADDRESS 951 BROKEN SOUND PWY., NW, 100  
CITY - ST - ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone If

3/6/96 407-241-0100

CR2E034 (12/95)