

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 674855

1. Entity 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**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2013436

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHUSTER, I. TULLY
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	ST
NAME	SCHUSTER, RITA
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	V
NAME	SCHUSTER, RONALD
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	V
NAME	SCHUSTER, MICHAEL
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	V
NAME	SCHUSTER, TAMMY
STREET ADDRESS	951 BROKEN SOUND PWY., NW, 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80017-015 158.75

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IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #