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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 823515 (2)
1. Corporation Name
SUPERIOR SURGICAL MFG CO., INC.



Principal Place of Business Mailing Address
SEMINOLE BLVD. AT 100TH TERR
PO BOX 4002
SEMINOLE FL 34642-1002
SEMINOLE BLVD. AT 100TH TERR
PO BOX 4002
SEMINOLE FL 33775-4002

3. Date Incorporated or Qualified 11/12/1969
3a. Date of Last Report 04/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	11-1385670	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSTOCK, PETER	1.2 NAME	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, ALAN	2.2 NAME	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TVPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANSEN, JOHN W	3.2 NAME	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECHTER, SAUL	4.2 NAME	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSTOCK, MICHAEL	5.2 NAME	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	CEO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSTOCK, GERALD M	6.2 NAME	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	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 [Signature] [Signature]

CR2E034 (9/96)