

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 34642-1002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1969	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-1385670	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENSTOCK, PETER	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, ALAN	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	TVPS	<input checked="" type="checkbox"/> DELETE
NAME	JOHANSEN, JOHN W	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHECHTER, SAUL	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENSTOCK, MICHAEL	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BENSTOCK, GERALD M	
STREET ADDRESS	SEMINOLE BLVD AT 100TH	
CITY-ST-ZIP	SEMINOLE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

3/12/98 (812) 382 9411

CR2E034 (10/97)