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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 855705

(0)

SUPERIOR PRODUCTS MANUFACTURING COMPANY

Lam an officer or director of the corporation or that appears in Block 12 or Block 13 if clyinged, by

SIGNATURE:

Principal Place of Business Mailing Address				_	a indall i baint atial diete efite agial niet	4 art 41931 Bidil G1811 41911	#1#11 P##1	
63 ST. ANTHONY PKWY MINNEAPOLIS MN 55418 US		P.O. BOX 1320 Minneapolis MN 55440-1320 US						
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/03/1983 05/20/1996				
2. Principal Place of Business 2a. Mailing Addre			ess		4. FEI Number	A	plied For	
		26		93-0803249 Not Applicable		ot Applicable		
Suite, Apt	#, etc.	Strite, Apt. #, etc.	7		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stafe 23	<u> </u>	City & State	,		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
Zip	Country Zip Co		Coun	try	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30		30		Florida Statutes Yes No			
	9, Name and Address of Current	Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent		
CT CORPORATION SYSTEM			[1 Name				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			[4	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
PLAI	NIATION FL 33324		ļ.	13		***************************************		
			į	4 City		FL 85 Zip	Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both lin the State om tamiliar with, and accept the obligat	⊭Florida, Such change was a	authorized	by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	surpose of changing in the appointment as	ts registered registered	
SIGNATURE								
	Signature (perd a post discuss of experiencing of			Agent signature requ	ired when reinstating)	DATE	20 111 40	
12.	OFFICERS AND	DELETE	13.	·	ADDITIONS/CHANGES TO OFFIC	Change	Addition	
NAME	PEYTON, PATRICK J		1.2 NA	1			The state of the s	
STREET ADDRESS	63 ST, ANTHONY PKWY			EET ADDRESS				
C/TY+S1+ZIP	MINNEAPOLIS MN		1.4 CITY - ST - ZIP					
TITLE	VPD	DELETE 2.1				Change	Addition	
NAME	CHRISTIANSON, WARREN T		2.2 NAN					
STREET ADDRESS	63 ST. ANTHONY PKWY		2.3 STF	EF I ADDRESS				
City - St - ZiP	MINNEAPOLIS MN		2. 4 GIT	Y-ST-ZIP				
TITLE			3.1 TITL			Change	Addition	
NAME			3.2 NAM	1E				
STREET ADDRESS			3.3 STR	EET AODRESS				
C(11Y - S1 - Z)F	MINNEAPOLIS MN		3.4. CIT	Y-ST-ZIP				
TITLE	DCEO	☐ DELETE	4.1 TITU			Change	Addition	
NAME	CHRISTIANSON, WARREN G		4. 2 NA	ME				
STREET ACHORESS	63 ST. ANTHONY PKWY		4 3 STF	EET ADDRESS				
CITY - ST - ZIP	MINNEAPOLIS MN	T OCCUS		-ST-ZiP		Π ΔL	A 3 2 2 2 2	
THEF	SD DANCEN DICHADO D	DELETE	5.1 TITL	1		Change	Addition	
NAME	HANSEN, RICHARD R. 276 NORMAN RIDGE DR		5.2 NAI					
STREET ADDRESS	DI COMPIOTON AM			EET ADDRESS				
CHY-SI-Z-P	DECOMINATION WIN			(-SI-ZIP		Change	Addition	
MARAE		C) better	6.1 TFT 6.2 NA			∟ tuangs	E.J. ROUIIION	
NAME STREET ADORESS				EET ADDRESS				
DIRECT ADDRESS (CET ADURESS				

14. I do hereby certify that the information supplied with this filling 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 information in the information of the information of

NAME OF SIGNING OFFICER OR DIRECTOR