FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F45475** **(3)**

1. Corporation Name
SUPER SAVER PLUS CLASSIFIEDS, INC.

Principal Place of Business	Mailing Address
201 KELSEY LN TAMPA FL 33619	201 KELSEY LN TAMPA FL 33619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: 59-2048711 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

PAPY, CHARLES C., III
201 ALHAMBRA CIRCLE, STE 502
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Legal Assets, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Avenue
83: Penthouse
84 City: Miami FL 85 Zip Code: 33131

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: LEGAL ASSETS, INC. By: Walter J. Stanton III, Secretary — DATE: 4/3/95
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: For a corporation, must be signed by officer.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	MANDT, JUDITH	1.2 NAME	
STREET ADDRESS	116 ADALIA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PS	2.1 TITLE	☐ Change ☐ Addition
NAME	MANDT, RICHARD	2.2 NAME	
STREET ADDRESS	116 ADALIA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	ASD	3.1 TITLE	☐ Change ☐ Addition
NAME	MANDT, JOSEPH D	3.2 NAME	
STREET ADDRESS	519 N GADSDEN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	☐ Change ☐ Addition
NAME	MANDT, A. J. M.	4.2 NAME	
STREET ADDRESS	116 ADALIA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: R. Mandt — 3-28-95 — 813-626-9430
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard Mandt

0290084 CP