

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

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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
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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 33619-4312**



3. Date Incorporated or Qualified
09/21/1981

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2948711

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

10. Name and Address of New Registered Agent

**LEGAL ASSETS, INC.
1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE

NAME **MANDT, JUDITH**
STREET ADDRESS **116 ADALIA AVE.**
CITY - ST - ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **PS** ☐ DELETE

NAME **MANDT, RICHARD**
STREET ADDRESS **116 ADALIA AVE.**
CITY - ST - ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **ASD** ☐ DELETE

NAME **JOSEPH D MANDT**
STREET ADDRESS **1647 PALM LEAF DRIVE**
CITY - ST - ZIP **BRANDON FL**

3.1 TITLE ☒ Change ☐ Addition

TITLE **ASD** ☐ DELETE

NAME **MANDT, A. J. M.**
STREET ADDRESS **116 ADALIA AVE**
CITY - ST - ZIP **TAMPA FL**

4.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

7.1 TITLE ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE **RICHARD D. MANDT** PRESIDENT **813-626-9430**
4-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #
0964782

CR2E034 (9/96)