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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F65385

(9)

SUPERIOR INDUSTRIES, INC.

	1	_

Mailing Address

8 AVIATOR WAY ORMOND BCH FL 32174

21

Principal Place of Business

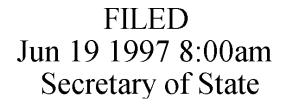
2. Principal Place of Business

8 AVIATOR WAY

2a. Mailing Address

26

ORMOND BCH FL 32174-2983





1997

3a. Date of Last Report

Applied For

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

02/01/1982

4. FEI Number 59-2186383

Suite, Apt.	#, etc.	Suite, Ar	ot. #, etc.			5. Certificate of Status Desired Fee Required
City & Stat	6	City & St	ate			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Countr	у	8. This corporation has liability for intangible tax under s. 199.032
24	25	29	3	0		Florida Statutes Yes No
	g, Name and Address of Cu	irrent Registered Age	ent			10. Name and Address of New Registered Agent
	SELEY, JOHN F			81	Name	
	NORTH BEACH STREET			82	Street A	Address (P.O. Box Number is Not Acceptable)
ORN	10ND BEACH FL 32174		•	83	d	
				03	'	
				84	City	FL 85 Zip Code
44 Discussion	to the provisions of Continue 607	0000 and 607 1509	Clarida Statutan	the chor	(o pamed)	corporation submits this statement for the purpose of changing its register
office or o	registered agent, or both, in the 5	State of Florida. Such a	change was aut	thorized b	v the corp	poration's board of directors. I hereby accept the appointment as registere
agent 1 a	m lamiliar with, and accept the c	poligations of Section	607.0505 Florio	da Statute	S	
NOVALUE	Surviver Body of Cornect Appello 1100 Store OFFICERS	to the same of the	Carlo of Car	aniciared Ar	soft planature	proquired when reinstating) (IATE
12.	OFFICERS	AND DIRECTORS	- district	13.	letii. Bi Briss (m.d.)	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD		DELETE	1.1 TITLE		Change Addi
NAME	MOSELEY, JOHN F			1.2 NAMÉ		
STREET ADDRESS	767 N BCH ST			1.3 STREE	T ADDRESS	
City-St-Zip	ORMOND BCH, FL 00000			1.4 CHY-	ST-7IP	
TITLE	PD		DELETE	2 1 10LE		☐ Change ☐ Addi
NAME	MOSELEY, CHRISTINA E			2.2 NAME		
STREET ADDRESS	767 N BCH ST			2.3 STREE	T ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 00000			2. 4 CITY-	ST-ZIP	
TITLE			DELETE	3.1 TITLE		∴ Change
NAME				3.2 NAME	}	
STREET ADDRESS				3.3 STREE	1 ADDRESS	
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NAME				5.2 NAME		
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NAME .	-	L	_ DELL'IE	6.2 NAME		LI Change LI Audi
STREET ADDRESS					T ADDRESS	
				1	1	·
14. I do here	by certify that the information sur	pplied with this filing de	oes not qualify t	6.4 CITY- for the ex		Listated in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio	on in dica ted on this annual report	or supplemental annu	ual report is true	and acc	urate and	If that my signature shall have the same legal effect as it made under oath; report as required by Chapter 607, Florida Statutes; and that my name
appears i	in Block 12 or Block 13 if change	d, or on an attachmen	nt with an addre	SS.	outo tino it	(a)