SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92811** **(1)**

1. Corporation Name
SUPERIOR STRIPES, INC.

Principal Place of Business	Mailing Address
521 NIGHTINGALE AVE. MIAMI SPRINGS FL 33166	521 NIGHTINGALE AVE. MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 7911 NW 72 AVE.
Suite, Apt. #, etc.
22: SUITE 109
City & State
23: MEDLEY, FL
Zip 24: 33166 Country 25: USA

2a. Mailing Address
26: 7911 NW 72 AVE
Suite, Apt. #, etc.
27: SUITE 109
City & State
28: MEDLEY, FL
Zip 29: 33166 Country 30: USA

4. FEI Number: 59-2253268 ☐ 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

ROY, MILDRED L
175 E 35TH ST
HIALEAH, FL
33013

10. Name and Address of New Registered Agent

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: Mildred L Roy MILDRED L. ROY 7-25-95
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	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROY, MILDRED L	1.2 NAME	
STREET ADDRESS	175 E 35TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☑ Change ☐ Addition
NAME	VINZANT, JOHN T.	2.2 NAME	
STREET ADDRESS	521 NIGHTINGALE	2.3 STREET ADDRESS	7911 NW 72 AVE - SUITE 109
CITY-ST-ZIP	MIAMI SPGS. FL	2.4 CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	PD	3.1 TITLE	☑ Change ☐ Addition
NAME	VINZANT, JANET R.	3.2 NAME	
STREET ADDRESS	521 NIGHTINGALE	3.3 STREET ADDRESS	7911 NW 72 AVE - SUITE 109
CITY-ST-ZIP	MIAMI SPGS. FL	3.4 CITY-ST-ZIP	MEDLEY, FL 33166
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E034 (3/95)

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: Janet R. Vinzant JANET R. VINZANT 7-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # 305-884-9997

0144060 FP