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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

G35648

(6)

SUPER MOM, INC.

## **FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address	·	( 1001111 0300 11101 01414 01414 01491 (Bit Bit Bit) 1	endir drāst mimat dibit diāli ibai
22387 THOUSAND PINES LANE 22387 THOUSAND PINES LANE BOCA RATON FL 33428 BOCA RATON FL 33428		DO NOT WRITE IN TH	IIS SPACE	
<u></u>			3. Date Incorporated or Qualified 04/25/1983	
2. Principal Place of Business	2a, Mailing Address	··············	4. FEI Number	Applied For
21	26		59-2506471	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	7ip	Country	This corporation owes or has paid the	
24 25	<del>                                     </del>	30	Personal Property Tax due June 30.	Yes No
g. Name and Address of Current			10. Name and Address of New Register	
SUTHERLAND, RICHARD A.		81 Name		
22387 THOUSAND PINES LANE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33428		83		
		84 City		85 Zip Code
		D4 City	F	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 represent and title diapplicative. (NOTE Registered Agent signature required when reinstating)  DATE				
12. OF FICE RS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	)
TITLE VSD	DELETE	1.1 TITLE	7.00THOTAGES TO OFFICE TO	Change Addition
NAME SUTHERLAND, RICHARD A.		1.2 NAME		
STREET ADDRESS 22387 THOUSAND PINES LN		1.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON,F L		1.4 CITY - ST - ZIP		
TITLE PTD	DELETE	2.1 TITLE		Change Addition
NAME SUTHERLAND, JUDITH L.		2.2 NAME		
STREET ADDRESS 22387 THOUSAND PINES LN		2.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL		2. 4 CITY - ST - ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		1
CITY-ST-ZIP	Delete	3.4. CITY-ST-ZIP		Change I 4 ddg/-
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
	F-1 DELLE	I i		C Change C Admindi
NAME CTREET ADDRESS		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CMY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP	100	Change Addition
NAME	had become	6.2 NAME		T coming C Montion
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with	h this filing does not qualify fo		n 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 pranged, or on an appear with an address.