SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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



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

1996

DOCUMENT # H15783

(4)

SUPERIOR	COMMUNICATIONS	SERVICES.	CORP.
		OLITIOLU:	00111

001 E11	OII COMMIDITION TOTAL S	LITTIOLS, GONF.				
Principal Place of Business		Mailing Address	Mailing Address			
625 W CARROLL ST KISSIMMEE FL 34741-1217 US		625 W CARROLL ST KISSIMMEE FL 34741-1217 US		O Data ha accorded a O vida	ed 3a. Date of Last Report	
				<ol> <li>Date Incorporated or Qualifie 08/06/1984</li> </ol>	05/26/1995	
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2440125	Applied For 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	
Ζφ	Country	Zip	Country	8. This corporation has liability t	for intangible tax under s. 199.032,	
24	25 9. Name and Address of Curre		30	Florida Statutes  10. Name and Address of New	Yes No	
		in negistered Agent	81 Name	IV. IVAIIIO AITO MOGRESS OF NEW	negistered Agent	
	IG, DENNIS E.					
- 625 W CARROLL ST			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
VI2	SIMMEE FL 34741		83			
-			84 City		<b>65</b> Z <sub>1</sub> p Code	
					FL	
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. Thereby accept the appointment as registered						
agent I ar	or familiar with, and accept the oblig	nations of, Section 607.0505, Flori	da Statutes			
SIGNATURE	Donnes 91	Changithe Toplicates (f.OTF	Registered Agent signature req	6	27.96	
12.	OFFICERS AI		13.		FICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1 t TITLE		Change Addition	
NAME	KING, DENNIS E.		1.2 NAME			
STREET ADDRESS	625 W. CARROLL ST.		1 3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL		1 4 CITY - ST - ZIP			
TITLE		DESETE	2.1 TILLE		Change Adoction	
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DECETE	2 4 CITY ST-ZIP		Change Addition	
NAME		<u></u>	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-2IP			34 CITY-ST-ZIP			
TITLE		DECETE	4 1 TITLE		Change Addition	
NAME			4 2 NAME		İ	
STREET ADDRESS	•		4.3 STREET ADDRESS			
CITY-ST-ZIP		·	4.4 CITY - ST - ZIP			
TITLE		DELETE	5 ) TIFLE		Change Addition	
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DE_FTE	5.4 CHY-ST-ZIP	9000018	99543ange Addition	
TITLE		LJ DETER	61 TITLE	<b>9000018</b> -07/19/9601	1055025	
NAME STREET ADDRESS			6 2 NAME · 6 3 STREET ADDRESS	***225.00		
STREET ADDRESS			■ †			
14. Ldo heret	by certey that the information suppli	ed with this filing is voluntarily furr	ished and does not ou	ralify for the exemption stated in Section	on 119 07(3)(k) Florida Statutes I	

r 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)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that ny 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 617, Florida Statutes, and that my name appears in block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING. OFFICER OR DIRECTOR

057/19/96