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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 2:59

DOCUMENT # H35095 (9)

1. Corporation Name
SUPERIOR SEALING DEVICES, INC.

Principal Place of Business	Mailing Address
11329 W . DISTRUBUTION AVE JACKSONVILLE FL 32256 US	11339 W. DISTRUBUTION AVE JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2486293 — 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

2. Principal Place of Business	2a. Mailing Address
21 8789 San Jose Blvd.	26 8789 San Jose Blvd.
Suite, Apt. #, etc: 22 Suite 106	Suite, Apt. #, etc: 27 Suite 106
City & State: 23 Jacksonville Florida	City & State: 28 Jacksonville Florida
Zip: 24 32217 — Country: 25 Duval	Zip: 29 32217 — Country: 30 Duval

9. Name and Address of Current Registered Agent

STANINGER, ROBERT R., JR.
1253 CREEK BERD RD
JACKSONVILLE FL 32259

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 ______________________

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STANINGER, ROBERT R., JR
STREET ADDRESS	1253 CREEK BERD RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(blank; each entry: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — [ ] Change [ ] Addition)

14. I do hereby certify that the information supplied with this filing is voluntary, 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: [signature] 1-16-95 (904) 367-8834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0021559 CP