

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H35095** (9)  
1. Corporation Name  
**SUPERIOR SEALING DEVICES, INC.**



Principal Place of Business <b>8789 SAN JOSE BLVD SUITE 108 JACKSONVILLE FL 32217 US</b>	Mailing Address <b>8789 SAN JOSE BLVD SUITE 108 JACKSONVILLE FL 32217-4253 US</b>
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3. Date Incorporated or Qualified <b>12/19/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2486293</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>4241 BAYMEADOWS ROAD</b> Suite, Apt. #, etc. 22 <b>SUITE 23</b> City & State 23 <b>JACKSONVILLE, FL</b> Zip 24 <b>32217</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>4241 BAYMEADOWS ROAD</b> Suite, Apt. #, etc. 27 <b>SUITE 23</b> City & State 28 <b>JACKSONVILLE, FL</b> Zip 29 <b>32217</b> Country 30 <b>US</b>
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1253 CREEK BEND ROAD</b>
83	
84 City	<b>FL</b>
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>STANINGER, ROBERT R., JR.</b>	
STREET ADDRESS	<b>1253 CREEK BEND RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>STANINGER, ROBERT R., JR.</b>	
1.3 STREET ADDRESS	<b>1253 CREEK BEND ROAD</b>	
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32259</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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:

**STANINGER, ROBERT R., JR.**

**4-30-97 (914) 367-8834**

CR2E034 (9/96)