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

CORPORATION ANNUAL REPORT 1998

City & State

23



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H35095

(9)

City & State

SUPERIOR SEALING DEVICE	CES, INC.				
Principal Place of Business	Mailing Address				
4241 BAYMEADOWS RD SUITE 23 JACKSONVILLE FL 32217	4241 BAYMEADOWS RD SUITE 23 JACKSONVILLE FL 32217 US	DO NOT WRITE IN THIS SPACE			
US		3. Date incorporated or Qualified 12/19/1984			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-2486293	Not Applicable		
Suite, Apt. #, etc.	Suite, Apl. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		

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Zip 24 26 29 9. Name and Address of Current Registered Agent STANINGER, ROBERT R., JR. 1253 CREEK BEND RD JACKSONVILLE FL 32259

	1 Feracrial Froperty (ax due stille so. 11 100 11 100
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
	Ch. lag I Zin Code

8. This corporation owes or has paid the current year Intangible

6. Election Campaign Financing

Trust Fund Contribution

FILED

May 01 1998 8:00am

Secretary of State

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.

Country

SIGNATURE					÷		
	Signature, typed or printed name of registered agent and title if	applicable (NOTE	Registered Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		Change	Addition	
NAME	STANINGER, ROBERT R., JR		1.2 NAME				
STREET ADDRESS	1253 CREEK BEND RD		1.3 STREET ADDRESS			Į	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP				
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY - ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS			Ì	
CITY-S1-ZIP			34. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS			i	

NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 eath; 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.

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

4/24/98 (904) 367-8834

Change

Addition

\$5,00 May Be

Added to Fees