

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H90077** (9)

1. Corporation Name
SUPERIOR ALMONDS I, INC.



Principal Place of Business: **2120 S 1300 E STE 101 SALT LAKE CITY UT 84106 US**
Mailing Address: **2120 S 1300 E STE 101 SALT LAKE CITY UT 84106 US**

3. Date Incorporated or Qualified: **12/11/1985**
3a. Date of Last Report: **04/06/1995**
4. FEI Number: **59-2611399**
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: 21
2a. Mailing Address: 26
22. State, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent
**BARBARA J PETROSKI
100 W LUCERNE CR
STE 504
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 jurisdiction of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Barbara J. Petroski, Reg. Agent** DATE: **1-25-96**

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	JENNIFER TOBLER	
STREET ADDRESS	2120 S 1300 E 101	
CITY- ST- ZIP	SALT LAKE CITY UT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANE LINTON	
STREET ADDRESS	2001 BROWNING AVE	
CITY- ST- ZIP	SALT LAKE CITY UT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IVANCOVICH, JOYCE H	
STREET ADDRESS	342 RUMA RANCHO	
CITY- ST- ZIP	PORTERVILLE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTON, SUSAN	
STREET ADDRESS	2043 COUNTRY SIDE CIR N	
CITY- ST- ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARILYN PETERSON	
STREET ADDRESS	2120 S 1300 E 101	
CITY- ST- ZIP	SALT LAKE CITY UT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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 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 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: *Jennifer Tobler* **Jennifer Tobler, Sec.** DATE: **1/16/96** DAYTIME PHONE: **801-467-4048**

CR2E034 (12/95)