

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90095 016 \*\*\*150.00

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DOCUMENT # **H90077**

1. Corporation Name

**SUPERIOR ASSETS I, INC.**

Principal Place of Business

P.O. BOX 58717  
SALT LAKE CITY UT 84158-0717  
US

Mailing Address

P.O. BOX 58717  
SALT LAKE CITY UT 84158-0717  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/11/1985**

4. FEI Number

**59-2611399**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**HEINTZELMAN, VIRGINIA  
2655 LAKE SHORE DRIVE  
ORLANDO FL 32803**

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

*Virginia H. Heintzelman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*27 Jan 1999*

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE

NAME **JENNIFER TOBLER**  
STREET ADDRESS **3069 E CARRIGAN CANYON DR**  
CITY-ST-ZIP **SALT LAKE CITY UT**

TITLE **D** ☒ DELETE

NAME **JANE LINTON**  
STREET ADDRESS **2001 BROWNING AVE**  
CITY-ST-ZIP **SALT LAKE CITY UT**

TITLE **D** ☒ DELETE

NAME **IVANCOVICH, JOYCE H**  
STREET ADDRESS **342 RUMA RANCHO**  
CITY-ST-ZIP **PORTERVILLE CA**

TITLE **D** ☒ DELETE

NAME **HAMILTON, SUSAN**  
STREET ADDRESS **2043 COUNTRY SIDE CIR N**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **DP** ☐ DELETE

NAME **MARILYN PETERSON**  
STREET ADDRESS **3069 E CARRIGAN CANYON DR.**  
CITY-ST-ZIP **SALT LAKE CITY UT**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **STD** ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Jennifer Tobler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/7/99*

Date

*801-487-4048*

Daytime Phone #

CR2E034 (11/98)