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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **H98144** 1. Corporation Name

SUPERIOR ASSETS II, INC.

Principal Place of Business

3069 E. CARRIGAN CANYON DR.

SALT LAKE CITY UT 84109

Mailing Address

P.Q. BOX 58717

SALT LAKE CITY UT 84158-0717

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

03-01-1999 90095 010 ***150.00



	101 01214 51611 01414 61611 61614 51514 1401
DO NOT WRITE	IN THIS SPACE
Date Incorporated or Qualifed	
02/06/1986	
FEI Number	Applied For
59-2633508	Not Applicable
	\$8.75 Additional

			I	3. Date incorporated or Qualified		
			\	02/06/1986		
Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
1788 Hubbard Ave.	26			59-2633508	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 84 08 [25] Country	Zip 30	Country		This corporation owes the current year Intal Personal Property Tax.	ngible ∐Yes ∐No	
9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
HEINTZELMAN, VIRGINIA H 2655 LAKESHORE DR ORLANDO FL 32803		81	Name			
		82	82 Street Address (P.O. Box Number is Not Acceptable)			
		02 1	52 Street Address (P.O. Box Nulliber is Not Acceptable)			
		83				
		84	City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation	f Florida. Such change was autho	orized by the	amed corporation	ation submits this statement for the purpose of c s board of directors. I hereby accept the appoint 27 Jan /	ment as registered	

Signature, wheel or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OFFICERS AND DIRECTORS Change ☐ Addition DELETE TITLE 1.1 TITLE HAMILTON, FINLEY M. 1.2 NAME NAME 3069 E. CARRIGAN CANYON DR. STREET ADDRESS 1.3 STREET ADDRESS SALT LAKE CITY UT 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 2.1 TITLE NAME PETERSON MARILYN H 2.2 NAME 3069 E. CARRIGAN CANYON DR. STREET ADORESS 2.3 STREET ADDRESS SALT LAKE CITY UT CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE STD 3.2 NAME NAME TOBLER, JENNIFER 3069 E CARRIGAN CANYON DR. 3.3 STREET ADDRESS STREET ADDRESS SALT LAKE CITY UT 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 iddress, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)