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

DOCUMENT	#	104607
1. Corporation Name	••	JU4001

SUPERIOR ASSETS III, INC.

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90095 012 ***150.00

- 1 1878 I (10 BP) I BB I F BIBI BIBI	RENIA PRIMI INCLE	

Principal Place	of Business	Mailing Address			TREALING BAIL BOTAL BIRING EXTING COLON CLOSE CLOSE CONTRACTOR COLONIA TODAY
·		<u>-</u>]
3069 E. CARRIG SALT LAKE CIT' US	GAN CANYON DR. Y UT 84109	P.O. BOX 58717 SALT LAKE CITY UT 84158-07	17		DO NOT WRITE IN THIS SPACE
00					3. Date Incorporated or Qualifed
					03/17/1986
	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21 1788	. Hubbard Ave.	26			59-2650395 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
一 ^{Zíp} タム	LOS [25] Country	Zip	Count	ry	8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax
24 84		29 30	기		Personal Property Tax. L Yes L No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Kegisterea Agent		1 Name	
HEIM	ITZELMAN VIRGINIA H				
HEINTZELMAN, VIRGINIA H 2655 LAKE SHORE DRIVE			8	2 Street	Address (P.O. Box Number is Not Acceptable)
	E 504		9	3	
	ANDO FL 32803		"		
	7150 I E 02000		8	4 City	FL 85 Zip Code
		1007 (500 51) 1 01 (1			
office or n	egistered agent, or both, in the State of	Florida. Such change was auth	norized b	ov the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	a Statute	es.	0
SIGNATURE	Virginia W. W	entzernan			required when reinstating) 27 Jan 1999 DATE
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ent signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITUE		☐ Change ☐ Addition
NAME	HAMILTON, FINLEY M.		1.2 NAM		
STREET ADDRESS	3069 E. CARRIGAN CANYON DE	•		ET ADDRESS	
	SALT LAKE CITY UH	•	1.4 CITY		
CITY-ST-ZIP TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
	PETERSON, MARILYN H	_ =	2.2 NAM		
NAME		,		ET ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP	SALT LAKE CITY UH	☐ DELETE	2.4 CITY 3.1 TITLE		C+D Addition
	(-	C) DELETT	3.2 NAM		STD D Change LJ Addition
NAME CTREET ADDRESS	Tobler, Jennifer 3069 e. Carrigan Canyon Df	•	•	EET ADDRESS	
STREET ADDRESS		i.	3.4. CITY		
CITY-ST-ZIP	SALT LAKE CITY UH	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
			4, 2 NAM		
NAME STREET ADDRESS				ET ADDRESS	
STREET ADDRESS			4,4 CITY		
C/TY-ST-ZIP TITLE		☐ DELETE	5,1 TITLE		☐ Change ☐ Addition
		_ DECE_10	5,2 NAM		
NAME			•	EET ADDRESS	
STREET ADDRESS			5.4 CITY		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
TITLE		□ DETELE	6,2 NAM		Township Theorem
NAME					
STREET ADDRESS				ET ADDRESS	
CITY OT 7ID	!		6.4 CITY	-ST-ZIP	ļ .

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 indicated on this annual report 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 indicated on this annual report 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

SIGNATURE:

ALLUM THE OF PRINTED HARRE OF SIGNING OFFICER OR DIRECTOR

801-487-4048 Date Daytime Phone # R2E034 (11/98)