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 Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90014 043 ***150.00

DOCUMENT # J12926 1. Corporation Name

SU-PER MARKETING, INC.

Principal Pl	ace of Business	Mailing Addre					IB 0101 (1610 11018 1811) 1	816 6 111 8 2 5 11 81	, 9 11 5 1511 9 1811		
SUSAN SPERLING HILLSBORO MILE SUITE #116 SHOWN BEACH FL 33062		C/O SUSAN SPERLING 1167 HILLSBORO MILE SUITE #116 HILLSBORO BEACH FL 33062			Ì						
						DO NOT-WRITE IN THIS SPACE					
	DENOTITE GOOD	US				3. Date Incorporated or Qualifed					
						05/06/19	986			ļ	
Principal	I Place of Business	2a. Mailing Ad	2a. Mailing Address				er		A	pplied For	
1	26			•			59-2679219			ot Applicable	
Suite. A	pt. #, etc.	Suite, Apt	#. etc.						\$8.75	Additional	
1		27				5. Certifcate of Status Desired				Fee Required	
City & State		City & Sta	ite			6. Election C	ampaign Financing		\$5.00	May Be	
1		28				1	Contribution			to Fees	
Zip	Country	Zip		Countr	y	8. This come	ration owes the cur	rent vear Inti	angible		
1	25	29	30]			Property Tax.	, ,	∐Yes	□No	
'	9. Name and Address of Current			, T		10. Name and	Address of New	Registered	Agent		
				81	Name	Cural	COEO	5/_		MARCHER	
Semigran, Susan				<u> </u>		007770	SPERC	1 // (NAME	
1167 HILLSBORO MILE				82	Street Add	iress (P.O. Box NL	imber is Not Accept	(elds.		ľ	
SUITE 116				83							
HILLSBORO BEACH FL 33062					<u> </u>						
				84	City			FŁ	85 Zip	Code	
0	ant to the provisions of Sections 607.0502	and 607 1509 EI	acida Ctatutas	the abov	o named con	poration eubmite th	is statement for the		changing its	registered	
office of	or registered agent, or both, in the State of am familiar with, any accept the obligati	f Florida. Such ch	ange was autho	orized by	the corporati	ion's board of dire	ctors. I hereby acce	of the appoin	ntmyent as re	egistered	
agent.	I am familiar with, and accept the obligati	ons of, Section 60	7.0505, Florida	Statute	5.			1/4	199		
بالالميمزد					 			DATE			
	Signature, typed or primed name of registered agent OFFICERS AND		(NOTE: Reg	13.	ent signature require	ed when reinstating)	CHANGES TO OF		D DIRECTO	ORS IN 12	
	PD OFFICERS AND) DELETE	1.1 TITLE		ADDITIONS	OTANGES TO OF	TIOCHS AIR	Change	Addition	
	1 ' -										
-	SEMIGRAN, SUSAN 1167 HILLSBORO MILE #116			1.2 NAME 1.3 STREET ADDRESS						ſ	
i ADDRE										J	
ST ZIP	HILLSBORO BEACH FL		105,675	14 CRY-5	ST-ZIP				□ Change	∫ Addition	
	i	L	DELETE	2.1 TITLE					Criange	L.) Addieon	
	1		•	22 NAME						1	
: ADDR <u>e</u>	33	2.3		2.3 STREE	TADDRESS						
ST-ZIP			}	2. 4 CITY-	ST-ZIP		,				
		Ĺ	DELETE	3.1 TITLE					☐ Change	Addition	
_			3.2 N								
LADDRE	: ADDRESS:			3.3 STREET ADDRESS		٠,					
ST ZIP			3.4. CITY-	ST-ZIP					}		
			DELETE	4.1 TITLE					Change	Addition	
	-1		1		Ì					}	

64 CITY-ST-ZIP ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 60.7, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

DELETE

MATURE:

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_ I AUDRESS

LADORESS.

ST ZIP

ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

☐ Addition