

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J43482 (5)  
1. Corporation Name  
SUPERIOR IMPORTS OF TAMPA, INC.



Principal Place of Business Mailing Address  
3800 W. HILLSBOROUGH AVE. 3800 W. HILLSBOROUGH AVE.  
TAMPA FL 33614 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		
25	30		

3. Date Incorporated or Qualified  
11/19/1986

4. FEI Number  
59-2212045

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BETTS, JAMES R. ESQ.  
FOWLER, WHITE ET AL  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOLEY, J.I.		1.2 NAME	
STREET ADDRESS	3800 W. HILLSBOROUGH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOLEY, MILLARD JAY		2.2 NAME	
STREET ADDRESS	3800 W HILLSBOROUGH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	DST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEW, DOUGLAS M.		3.2 NAME	
STREET ADDRESS	3800 WHILLSBOROUGH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

Douglas M. Tew

4/8/98

(813) 621-7747

CR2E034 (10/97)