

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J44817 (1)

1. Corporation Name

SUPERIOR EXTERIORS, INC.



Principal Place of Business

DBA AMERICAN SPEEDY PRINTING
5052 W ATLANTIC AVE
DELRAY BCH FL 33484
US

Mailing Address

% HUBERT FURRY
5070 WOODSTONE CIRCLE N
LAKE WORTH FL 33463

3. Date Incorporated or Qualified

12/02/1986

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 5180 W. ATLANTIC AVE

26 % NINA FURRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 119

27 5070 WOODSTONE CIRCLE N

City & State

City & State

23 DELRAY BEACH, FL

28 LAKE WORTH FL

Zip

Country

Zip

Country

24 33484

25 US

29 33463

30 US

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FURRY, HUBERT
5070 WOODSTONE CIRCLE N
LAKE WORTH FL 33463

81 Name

FURRY, NINA

82 Street Address (P.O. Box Number is Not Acceptable)

5070 WOODSTONE CIR. N.

83

LAKE WORTH

84 City

FL

85 Zip Code

33463

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, by or for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Nina S. Furry

1-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME FURRY, HUBERT
STREET ADDRESS 5070 WOODSTONE CIR N
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE DP/IT ☒ Change ☐ Addition
1.2 NAME FURRY, NINA
1.3 STREET ADDRESS 5070 WOODSTONE CIR. N.
1.4 CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE DVP ☐ DELETE
NAME FURRY, NINA
STREET ADDRESS 5070 WOODSTONE CIR. N.
CITY-ST-ZIP LAKE WORTH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nina S. Furry

1-16-96

Date

407 495-0444

Daytime Phone #

CR2E034 (12/95)