FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:26

DOCUMENT # **J54302** **(1)**

1. Corporation Name
SUPERIOR CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
12247 UNIVERSITY BLVD. 130 ARCHERS POINT ORLANDO FL 32817 US	C/O LAURENCE C. HAMES 130 ARCHERS PT LONGWOOD FL 32779-3059 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/23/1987**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business	2a. Mailing Address
21 12247 University Blvd	26 12247 University Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO FLORIDA	City & State 28 ORLANDO FLORIDA
Zip 24 32817	Country 25 USA
	Zip 29 32817
	Country 30 USA

4. FEI Number: **59-2761189** ☐ Applied For ☐ Not Applicable

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
PHAN, TUAN **130 ARCHERS POINT** **LONGWOOD FL 32779**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 12247 UNIVERSITY BLVD 83 84 City: ORLANDO FL 85 Zip Code: 32817

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] PHAN TUAN P. 4/9/95
Signature, typed or printed name of person signing and title if applicable (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	PHAN, TUAN	12 NAME		
STREET ADDRESS	130 ARCHERS POINT	13 STREET ADDRESS	876 KINWEST PARKWAY, APT #25	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	IRVING TX 75063	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	CAT, VAN	22 NAME	REMOVED	
STREET ADDRESS	130 ARCHERS POINT	23 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE	VSTD	☒ Change ☐ Addition
NAME	PHAN, TIEN	32 NAME		
STREET ADDRESS	130 ARCHERS POINT	33 STREET ADDRESS	12247 UNIVERSITY BLVD	
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this 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 added on an attachment with an address.

SIGNATURE: [signature] PHAN, TUAN P., President 4/9/95 407 382 2871
SIGNATURE AND TYPED OR PRINTED NAME OF DURING OFFICER OR DIRECTOR Date (Daytime Phone #)

0045026 CP