

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J74089** (0)

1. Corporation Name
SUPERIOR FINANCIAL GROUP, INC.

Principal Place of Business
**4083 N. WILLOW DRIVE
4083 N WILLOW DR
MULBERRY FL 33880
US**

Mailing Address
**P.O. BOX 24822
4083 N WILLOW DR
LAKELAND FL 33802
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/20/1987		3a. Date of Last Report 03/15/1994	
4. FEI Number 59-2805398		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NERAD, DAVID A. 4083 N WILLOW DR MULBERRY FL 33880				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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERAD, DAVID A.	1.2 NAME	
STREET ADDRESS	4053 N WILLOW DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MULBERRY FL	1.4 CITY - ST - ZIP	
TITLE	DSP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERAD, BRENDA M.	2.2 NAME	
STREET ADDRESS	4053 N WILLOW DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MULBERRY FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERAD, ANGELA M	3.2 NAME	
STREET ADDRESS	4053 N WILLOW DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MULBERRY FL	3.4 CITY - ST - ZIP	
TITLE		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		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		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 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David A Nerad **DAVID A NERAD** 4-14-95 8134254791
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date (Anytime Florida)