

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J74089** (0)

1. Corporation Name  
**SUPERIOR FINANCIAL GROUP, INC.**



Principal Place of Business  
**4053 N. WILLOW DRIVE  
4053 N WILLOW DR  
MULBERRY FL 33860  
US**

Mailing Address  
**P.O. BOX 24622  
4053 N WILLOW DR  
LAKELAND FL 33802  
US**

3. Date Incorporated or Qualified **05/20/1987** 3a. Date of Last Report **04/19/1995**

|    |                                |    |                     |    |  |   |                                       |
|----|--------------------------------|----|---------------------|----|--|---|---------------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number<br><b>59-2805398</b>  | Applied For   |                                       |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired  | <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 23 | City & State                   | 28 | City & State        | 6. | Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |
| 24 | Zip                            | 29 | Zip                 | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |
| 25 | Country                        | 30 | Country             |    |  |   |                                       |

**9. Name and Address of Current Registered Agent**

**NERAD, DAVID A.  
4053 N WILLOW DR  
MULBERRY FL 33860**

**10. Name and Address of New Registered Agent**

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>DCT</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>NERAD, DAVID A.</b>                     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>4053 N WILLOW DR</b>                    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MULBERRY FL</b>                         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DSP</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>NERAD, BRENDA M.</b>                    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>4053 N WILLOW DR</b>                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MULBERRY FL</b>                         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>NERAD, ANGELA M</b>                     | 3.2 NAME  |   |
| STREET ADDRESS             | <b>4053 N WILLOW DR</b>                    | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MULBERRY FL</b>                         | 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 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: David A Nera **DAVID A NERAD** 4-13-96 941 4254791  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, time Phone #

CR2E034 (12/95)