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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

May 07 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

SUPHER	VIE SEAL CUATING, INC.				
Principal Plac	e of Business	Mailing Address		I INDAIND AIRD IDIIL ROOM INDEL BINDE IIII	I BION BIEN ONN DION GIOLI AIRN HEDI
2620 S.W. 15TH STREET 2620 S.W. 15TH S DEERFIELD BEACH FL 33442-6059 DEERFIELD BEACH					
				3. Date Incorporated or Qualified 08/14/1987	3a, Date of Last Report 04/29/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	# ala	26 Cuite Ant H ata		59-2836814	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		& Flaction Compaign Financine	\$5.00 May Be
23		28		Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8, This corporation has liability for	ntangible tax under s. 199.032,
24	25	29	30		Yes No
	g. Name and Address of Curre	nt Registered Agent	01 None	10. Name and Address of New Ro	gistered Agent
HARRISON, CAROL E.			81 Name	}	
2620 SW 15TH STREET			82 Street Ac	dress (P.O. Box Number is Not Acceptab	ile)
UEC	ERFIELD BCH FL 33442		63	···	
			64 City		FL 85 Zip Code
	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the oblig	32 and 607.1508, Florida Statu 3 of Florida. Such change was pations of, Section 607.0505, F	ites, the above-named or authorized by the corpor forida Statutes.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE Registered Agent signature rec	quired when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TOTLE		Change Addition
NAME	HARRISON, CAROL E.		1.2 NAME		
STREET ADDRESS	2620 S.W. 15TH STREET		1.3 STREET ADDRESS		
C(TY - S1 - Z(P	DEERFIELD BEACH FL	Поссте	1.4 City-St-ZiP		
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	WILLIAMS, JAMES J.		2.2 NAME		
STREET ADDRESS	2620 S.W. 15TH STREET DEERFIELD BEACH FL		2.3 STREET ADORESS		
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		E.J detere	3.2 NAME		El Orango El Moditan
STREET ADDRESS			3.3 STREET ADDRESS	*	
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TillE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP	) AN AND 18-1 Mar		5.4 CITY-ST-ZIP		
THUE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

64 CITY-ST-ZIP 14. I do 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 across the 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 certification or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Lam an officer or director appears in Block 12