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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K04387** (2)
1. Corporation Name
SUPERIOR AQUA ENTERPRISES, INC.

Principal Place of Business Mailing Address
7350 S. TAMiami TR., #12 SARASOTA FL 34231 7350 S. TAMiami TR., #12 SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 7350 S. TAMiami TR., #12 SARASOTA FL 34231		26 7350 S. TAMiami TR., #2		11/30/1987	07/25/1994
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FBI Number	Applied For
22		27		65-0013544	Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under Ch. 190.028, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GANIM, RICHARD A. 7350 S TAMiami TR SARASOTA FL 34231		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 _____ (Signature typed, printed name of registered agent, and this field applicable) (NOTE: Registered Agent signature required when necessary) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANIM, RICHARD	12 NAME	
STREET ADDRESS	126 DAVINCI DR.	13 STREET ADDRESS	5273 SUNNYDALE CIR. E.
CITY, ST, ZIP	NOKOMIS FL	14 CITY, ST, ZIP	SARASOTA, FL 34233
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUHA, JAMES	22 NAME	
STREET ADDRESS	3018 GRAFTON DR.	23 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANHARDT, JOHN	32 NAME	
STREET ADDRESS	2729 LONGBOAT DRIVE	33 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 897, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Ganim* **RICHARD GANIM** 4/12/95 813-923-2221
SIGNATURE TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR