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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K95169

(4)

SUPERIOR CHASSIS AND SUSPENSION. INC.

Principal Place of Business Mailing Address 4055 NE 6TH AVENUE 4055 NE 6TH AVENUE OAKLAND PARK, FLORDIA 33334-2235 OAKLAND PARK, FLORDIA 33334 3. Date Incorporated or Qualified 3a. Date of Last Report 06/14/1989 03/21/1996 4. FEI Number 2a. Mailing Address Principal Place of Business Applied For 65-0126405 Not Applicable 21 26 Suite Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name INGLIS, RICHARD K. 2651 NORTH FEDERAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33306 83 84 Zip Code City 85 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typical or printed name of registered agent and tele if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 1.1 THLE Joyce Humphakes BURGESS, JAMES F. 12 NAME NAME 4055 NE BAUE-4055 NE 6TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS OAKLAND PARK FLA OAKLAND PARK FL 1.4 CITY - ST - ZIP CITY - ST - ZIP ☐ Addition Change DELETE 2 1 TITLE TITLE **HUMPHRIES, JAMES** 2.2 NAME NAME 4055 NE 6TH AVENUE 2 3 STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 2 4 CITY-ST-ZIP CITY ST-ZIF Addition DELETE Change 31 TITLE THLE 3.2 NAME NAME **33 STREET ADDRESS** STREET ADDRESS 34. DITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4 1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CiTY-ST-ZIP Addition Change DELETE THE 5.1 TITLE 5.2 NAME NAM-STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST-ZIP CITY-S1-ZIP Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-7IP

SIGNATURE:

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplience tall 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 redeficer or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on includence with an address.

FILED

Jan 14 1997 8:00am

Secretary of State

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