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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L23002

1. Corporation Name

SUPERIOR COMMERCIAL SERVICES, INC.

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Principal Place of Business Mailing Address						4 10011011 010 11000		., .,.,, .,.,, .,.,,	·
19241 PERSIMMON RIDGE RD P.O. BOX 1021									;
ALVA FL 33920 . ALVA FL 33920 US .						DO NOT WRITE IN THIS SPACE			
03					•	3. Date Incorporated or			
						10/16/1989			
Principal Place of Business 2a. Mailing Address						4. FEI Number		· Apı	plied For
21 26						65-0138338		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status	Desired		
22 27						J. Certificate of Cicios		Fee Re	quired
City & State City & State						6. Election Campaign F			
23		28				Trust Fund Contribu			o Fees
Zip	Country.	Zip	Cou	ntry		8. This corporation own		Intangible ☐ Yes	177No
24	25 25 Company of Compa		30			Personal Property T 10. Name and Address			ÇAJ140
	9. Name and Address of Cur	rrent Registered Agent		81	Name	10. Name and Address	or non neglatere	a Agont	
KETO	CHEM, MICHAEL		ļ						
2165	50 PEARL ST		ļ	82	Street Addr	ress (P.O. Box Number is N	ot Acceptable)		Applied For Not Applicable Additional Required O May Be I to Fees Constant of the constant of
ALVA	4 FL 33920			83					
	•						44		
ļ				84	City	•	F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	s, the at	bove-i	named corp	oration submits this stateme	ent for the purpose	of changing its	registered
office or re	enistered anent or both in the St	ate of Florida. Such change was aut ligations of, Section 607.0505, Florid	thorized	hvth	he corporation	on's board of directors. I he	reby accept the app	pointment as reg	gistered
ayentiay	и папиналиник, аналиросор ино оо								
,	mild			1165.			4-25-6	99	
SIGNATURE	Multiple A Signature, typed or printed name of registered	/www			signature require	nd when reinstating)	4-25-9 DATE	9	
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: F			signature require	nd when reinstating) ADDITIONS/CHANG		AND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: F	Registered	Agent s	signature require				RS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS D KETCHEM, MICHAEL	agent and title if applicable. (NOTE: F	Registered	Agent s	signature require			AND DIRECTO	
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS D KETCHEM, MICHAEL 19241 PERSIMMON RIDGE	agent and title if applicable. (NOTE: F	13. 1.1 TIT	Agent s	signature require			AND DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS D KETCHEM, MICHAEL	agent and title if applicable. (NOTE: FIS AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CR	Agent s TLE AME TREET A	ADDRESS			AND DIRECTO ☐ Change	Addition (
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D KETCHEM, MICHAEL 19241 PERSIMMON RIDGE ALVA FL 33920 V	agent and title if applicable. (NOTE: F	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CR 2.1 TTI	Agent s TLE AME TREET A TY-ST-	ADDRESS			AND DIRECTO	
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS D KETCHEM, MICHAEL 19241 PERSIMMON RIDGE ALVA FL 33920 V KONCAR, CARRIE B	agent and title if applicable. (NOTE: FIS AND DIRECTORS	Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR 2.1 TIT 2.2 NA	Agent s TLE AME TREET A TY-ST-: TLE	ADDRESS ZIP			AND DIRECTO ☐ Change	Addition (
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D KETCHEM, MICHAEL 19241 PERSIMMON RIDGE ALVA FL 33920 V KONCAR, CARRIE B 8200 PENZANCE BLVD	agent and title if applicable. (NOTE: FIS AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR 2.1 TIT 2.2 NA 2.3 ST	TLE AME TY-ST-: TLE AME	ADDRESS ZIP			AND DIRECTO ☐ Change	Addition (
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CITY-ST-ZIP 14. I 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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

941-728-3950

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90026 007 ***150.00

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