

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L24151** (7)
1. Corporation Name
THE SUPERINVESTORS, INC.

FILED
95 JAN 23 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **20631 N.W. MIAMI COURT MIAMI FL 33169**
Mailing Address: **PO BOX 5886 HOLLYWOOD FL 33083 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/18/1989** 3a. Date of Last Report: **01/20/1994**
4. FEI Number: **65-0149390** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
BANKS, PHILLIP
20631 N.W. MIAMI COURT
MIAMI FL 33169

10. Name and Address of New Registered Agent
81 Name: **PHILLIP W.A. BANKS**
82 Street Address (P.O. Box): **20631 NW MIAMI COURT**
83
84 City: **MIAMI, FL** 85 Zip: **33169**

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: *Phillip Banks* **PHILLIP W.A. BANKS - PRESIDENT** DATE: _____
(Signature, typed or printed name of registered agent and his or her address) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BANKS, PHIL
STREET ADDRESS	20631 N.W. MIAMI COURT
CITY - ST - ZIP	MIAMI FL
TITLE	VPS
NAME	BANKS, PHILLIP W. A.
STREET ADDRESS	20631 NW MIAMI COURT
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PHILLIP W.A. BANKS
1.3 STREET ADDRESS	20631 NW MIAMI COURT
1.4 CITY - ST - ZIP	MIAMI, FL 33169
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Phillip Banks* **PHILLIP W.A. BANKS** **1-9-95** **305-651-9689**
(Signature and typed or printed name of signing officer or director) Date Telephone #