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PROFIT CORPORATION ANNUAL REPORT



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

1996

SUPER	Name IOR MANAGEMENT SER	IVICES, INC.			
Principal Place of Business 5889 GARDENS DR. SARASOTA FL 34243 US		Mailing Address 5689 GARDENS DR. SARASOTA FL 34243 US		C 1880(101) 408 HILL ORION HUNI 804(18 184) 41011 81011 (1968 01011 8184) 0144) 400)	
•		03		3. Date Incorporated or Qualified 11/14/1989	3a. Date of Last Report 03/28/1995
2. Principal Pia	ne of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite Apt. #	. etc	Suite, Apt. #, etc.		65-0160951	Not Applicable
2	, 0.0	27	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3 - 7 p	Country	28] Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
4	25	29	30	Florida Statutes	s X No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New I	Registered Agent
MORROW, GALE J. 5689 GARDENS DR.				dress (P.O. Box Number is Not Acceptal	L) ()
				gress (P.O. Box Number is Not Acceptat	DIE)
SARASO	TA FL 34243		83		
			84 City		FI 85 Zip Code
 Pursuant to or registere 	a agent, or both, in the State of F	502 and 607,1508, Florida Sta Iorida, Such change was auth	atutes, the above named corpo lorized by the corporation's box	oration submits this statement for the pu and of directors. It bereby accept the app	rrpose of changing its registered onice pointment as registered agent. Lam
tamilar with S:GNATURE 	i, and accept the obligations of, S quality typical printed name of registered a	ection 607.0505, Florida Statu gentantine tappicalik	UTES. (NOTE: Registered Agent signature require		DATE
tamilar with SIGNATUREs 12.	i, and accept the obligations of, S quality typical printed name of registered a	ection 607.0505, Florida Statu	thes. (NOTE Registered Againt signature requir	red when reinstaling);	DATE FICERS AND DIRECTORS IN 12
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SIGNATURE:

SIGNING OFFICER OR DIRECTOR