

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

FILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90012 018 \*\*\*550.00

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Corporation Name

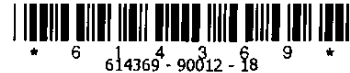
Superior Vacuum, Inc.

Principal Place of Business

Mailing Address

7317 NW 39th Street  
Coral Springs, Fla 33065

7317 NW 39th Street  
Coral Springs, Fla 33065



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Allocca, A. George J  
1510 W. Sample Rd.  
Ste. 1  
Coral Springs, Fla 33065

81 Name Thomas Hanzl  
82 Street Address (P.O. Box Number is Not Acceptable)  
7317 NW 39th St  
83  
84 City Coral Springs FL 85 Zip Code 33065

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<input type="checkbox"/> DELETE	1.2 NAME	
3. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
		1.4 CITY-STATE-ZIP	
4. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	<input type="checkbox"/> DELETE	2.2 NAME	
6. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
7. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	<input type="checkbox"/> DELETE	3.2 NAME	
9. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
10. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME	
12. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	<input type="checkbox"/> DELETE	5.2 NAME	
15. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
16. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS	<input type="checkbox"/> DELETE	6.2 NAME	
18. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

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.

SIGNATURE:

Thomas HANZL

Date

Daytime Phone #

CR2E034 (1/198)