


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR -5 PM 1:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA									
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE											
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000354 SUPER GROUP ASSOCIATES, L.C. 1799 7TH AVE N. LAKE WORTH FL 33461		1a. Principal Place of Business Address 1799 7TH AVE N. LAKE WORTH FL 33461											
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/28/1996 3a. State of Formation FL 4. FEI Number 65-0662603 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 04/27/1998 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
7. Name and Address of Current Registered Agent RAYMOND, JOHN J JR C/O JOHN J. RAYMOND, JR. 1200 NORTH FEDERAL HIGHWAY, SUITE 41 BOCA RATON FL 33432			8. Name and Address of New Registered Agent/Office Name: <u>FLORENTINE VAN TIEM</u> Street Address (P.O. Box Number is Not Acceptable): <u>1799 7th Ave N.</u> Suite, Apt. #, etc.: <u>LAKE WORTH</u> City: <u>FL</u> Zip Code: <u>33461</u>										
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations. SIGNATURE: <u>Florentine Van Tiem</u> DATE: <u>2-28-99</u>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR.</td> <td>VAN TIEM, FLORENTINE</td> <td>1200 NORTH FEDERAL HIGHWAY</td> <td>BOCA RATON FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR.	VAN TIEM, FLORENTINE	1200 NORTH FEDERAL HIGHWAY	BOCA RATON FL
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11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Florentine Van Tiem 2-18-99 (561) 586-6100
FLORENTINE VAN TIEM