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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M60713

(8)

SUPERIOR FRAME LINE, INC.

FILED	
Feb 12 1997 8:00an	n
Secretary of State	



Principal Place of Business Mai			Mailing Address				a imulamite tid mitet anfelt funde stand trit tibte aimer mint ninte anber anber anber enber			
328 CRANDON	BLVD	PO BOX	490987 L 33149-0987							
203-204 KEY BISCAYNE	FI 33149	US IIS	L 33143-0301							
US		••					3. Date Incorporated or Qualified 10/13/1987	3a. Dat 02/2	e of Last R 0/1996	leport
2. Principal P	lace of Business	2a. Mail	ng Address				4. FEI Number	1	TAI	oplied For
21		26					59-2851696		+	ot Applicable
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.				P. Continue of Contra Declarat		\$8.75	Additional
22		27					5. Certificate of Status Desired	LI	Fee Re	equired
City & Stat	C	City	& State			-2	6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Z _{ip}		—	intry		8. This corporation has liability for i	ntangible t	ax under s	. 199.032,
24	25	29		30	,			Yes [
	9. Name and Address of Cur	rent Hegistered	Agent		81	Name	10. Name and Address of New Re	Jistereo A	gent	· · · · · · · · · · · · · · · · · · ·
	IONT & NEIMAN				"					
	SCAYNE TOWER STE 3350				82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	BISCAYNE BV				83					
MIA	MI FL 33131				03					•
					84	City		P* 1	85 Zip	Code
	65	1.667.15	66 Ft 24 6		Щ			FL		V-122 V-1202 A
office or r	to the provisions of Sections 607 tregistered agent, or both, in the St	ate of Florida. St	us, Florida Stati Joh change was	πes, της a authoriz∈	d by	the corpor	rporation submits this statement for the particular acceptation's board of directors. I hereby acceptations	urpose of	cnanging i pintment as	registered
agent. La	im familiar with, and accept the ob	ligations of, Sec	tion 607.0505, F	lorida Sta	tutes	3.				
SIGNATURE										
12.	Signature typicd or printed name of registered	AND DIRECTOR		13.	egA be	int signature req	wired when reinslating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	2S IN 12
TITLE	i b	AND DIRECTOR	DELETE	1,1)	ITLE		7.5511616767771166576 61176		Change	L Addition
NAME	SOCIETE FRANZAISE DE LI	UNETTERIE			IAME	i		,		
STREET ADDRESS	F 39150					ADDRESS				
CHTY-ST-2IF	CHAUX DU DOMBIEF FR			- 1	ITY-S	1				
TITLE	S		DELETE	2.1 3					Change	Addition
NAME	BALDWIN, PATRICIA				IAME		•			
STHEET ADDRESS	328 CRANDON BLVD			235	TREET	ADDRESS				
CITY-S1-ZIP	KEY BISCAYNE FL					\$T-2(P				
TITLE	PTD		DELETE	3.1 T					Change	Addition
NAME	REGE TURO, ROBERT CLA	UDE		3.2 N	AME	1	:			
STREET ADDRESS	640 WARREN LANE			3.3 \$	TREET	ADDRESS				
C(TY+ST-ZIP	KEY BISCAYNE FL					ST-ZIP				
TITLE			DELETE	4.1 3					Change	Addition
NAME	}			4. 2	NAME	1				
SIREET ADORESS				4.3 9	TREET	ADDRESS				
CITY-ST-ZIP				4.4 (CITY - S	IT-ZIP			_	
HILE	10.2100700		DELETE		ITLE				Change	Addition
NAME				5.21	AME	ľ				
STREET ADDRESS				5.3 \$	TAEET	ADDRESS	•			
CITY-ST-ZIP						ST-ZIP	•			
TITLE			DELETE		ITLE	-			Change	Addition
NAME				6.21	IAME	1			•	
STREET ADDRESS				6.3 5	TREET	ADDRESS			٠	
CHY-ST-ZIP						ST- ZIP				
	f	Committee and a feet		Dr. for the			and in Continue 440 07/37/3) Elevide Proteto	a. I di sebbane	and further	Ab -

I. 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. 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.

SIGNATURE:

SIGNATUHE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97

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