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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # M71329



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 23, 1999 8:00 am Secretary of State 03-23-1999 90064 033 ***158.75

SUP	ERIOR PROPERTIES, INC.							
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Dringing	Place of Rucinoss	Mailing Address				A THE SOURCE STATE OF THE	BIBAR BABIA BABAR B	iteit even jeet
	Place of Business	C/O GEORGE BUTLER.	м					
	rge Butler. III Bus Drive	6520 ANGUS DRIVE	m .					
	D FL 33809	LAKELAND FL 33809				DO NOT WRITE IN THIS	SPACE	
	· .					3. Date Incorporated or Qualifed		1
	· ,					03/03/1988		
2. Princi	pal Place of Business	2a. Mailing Address				4. FEI Number		plied For
21	! 	26				59-2873323		t Applicable
Suite,	Apt. #, etc.	Suite, Apt. #, etc.	e			5. Certificate of Status Desired	\$8.75-/ Fee Re	
City 8	State	City & State				6. Election Campaign Financing	\$5.00	May Be
23	<u> </u>	28				Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year In	_	
24	25	29	30			Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Currer	t Registered Agent		81	N	10. Name and Address of New Registered	Agent	
	BUTLER, GEORGE, III			"	Name		·	
	6520 ANGUS DRIVE			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	LAKELAND FL 33809			83		·		
į			•					
	٠			84	City	FL	85 Zip (Code
11. Purs	suant to the provisions of Sections 607.050	2 and 607,1508, Florida Sta	tutes, the a	LL_L above	-named corpor	ration submits this statement for the purpose of	f changing its	registered
offic	e or registered agent, or both, in the State nt. I am familiar with, and accept the obliga	of Florida. Such change wa	s authorize	d by t	the corporation	n's board of directors. I hereby accept the appo	intment as re	gistered
200		tions of Section 607 0505	Florida Stat	tutes	•			
í		itions of, Section 607.0505,	Florida Stat	tutes.		•		1
ager SIGNAT					signature required v	when reinstating) DATE		
í	URE Signature, typed or printed name of registered age: OFFICERS AN	nt and title if applicable. (N	OTE: Registered	d Agent		·	ND DIRECTO	DRS IN 12
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14. 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: