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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002144 (3)

1. Corporation Name
SUPER SINGLES OF FLORIDA, INC.

Principal Place of Business Mailing Address
431 N GRANDVIEW AVE SUITE B DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/28/1994	3a. Date of Last Report
4. FEI Number 59-3250348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	30 Country

9. Name and Address of Current Registered Agent
**JOHN S NORTON JR PA
431 N GRANDVIEW AVE SUITE B
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 Zip Code

11. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BLAKEMAN, EDMUND
STREET ADDRESS	769 HAWKS RIDGE RD
CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	D
NAME	DUPUIS, PAUL
STREET ADDRESS	5454 RIDGEWOOD AVE
CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	D
NAME	HEFNER, KATHRYN M
STREET ADDRESS	614 3RD ST
CITY-ST-ZIP	HOLLY HILL FL 32117
TITLE	D
NAME	PAGK, WANDA G
STREET ADDRESS	233 SAND PEBBLE CIR
CITY-ST-ZIP	PORT ORANGE FL 32119
TITLE	D
NAME	ROWE, SALLY ANN
STREET ADDRESS	253 METROSE AVE
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	D
NAME	SHULINS, CAROLE
STREET ADDRESS	PO BOX 2049 N/A
CITY-ST-ZIP	DAYTONA BEACH FL 32115

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SACOB, CAROLE
1.3 STREET ADDRESS	436 S. NOVA Rd. #91
1.4 CITY-ST-ZIP	ORMOND Bch. FL 32174
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WOLF, RON
2.3 STREET ADDRESS	5242 Christi Ave
2.4 CITY-ST-ZIP	Port Orange, FL 32127
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patrice Aaron
3.3 STREET ADDRESS	711 Brentwood Dr
3.4 CITY-ST-ZIP	Daytona Bch, FL 32117
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Shelby Thompson
4.3 STREET ADDRESS	2131 Pointe Vista Dr
4.4 CITY-ST-ZIP	Daytona Bch, FL 32124
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Betty Poston
5.3 STREET ADDRESS	240-3 Orange Grove Dr.
5.4 CITY-ST-ZIP	Orlando Bch, FL 32174
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathryn M Hefner KATHRYN M. HEFNER 2-20-95 904-252-7324