

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

2/28/96 B 1062

DOCUMENT # N94000002144 (3)

1. Corporation Name

SUPER SINGLES OF FLORIDA, INC.



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

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business: 21 190 S. Nova Rd. Suite, Apt. #, etc.
22 City & State: 23 Ormond Beach, FL. Zip: 24 32174 Country: 25 Volusia
2a. Mailing Address: 26 P.O. Box 2504 Suite, Apt. #, etc.
27 City & State: 28 Ormond Beach, FL. Zip: 29 32175 Country: 30 Volusia

4. FEI Number: 59-3250348 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKEMAN, EDMUND	1.2 NAME	Ron Wolf
STREET ADDRESS	769 HAWKS RIDGE RD	1.3 STREET ADDRESS	5242 Christiancy Ave
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	Port Orange, FL. 32127
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPUIS, PAUL	2.2 NAME	Virginia Tupper
STREET ADDRESS	5454 RIDGEWOOD AVE	2.3 STREET ADDRESS	16 Lake Point Circle
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	Port Orange, FL. 32124
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFNER, KATHRYN M	3.2 NAME	Bill Dabe
STREET ADDRESS	614 3RD ST	3.3 STREET ADDRESS	21 Arbor Lakes Park
CITY-ST-ZIP	HOLLY HILL FL 32117	3.4 CITY-ST-ZIP	Ormond Beach, FL. 32174
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, SHELBY	4.2 NAME	Betty Still
STREET ADDRESS	2131 POINSETTA DR	4.3 STREET ADDRESS	1524 S. Riverside Dr.
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	Edge Water, FL. 32132
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTON, BETTY	5.2 NAME	Faith Kimble
STREET ADDRESS	240-3 ORANGE GROVE DR	5.3 STREET ADDRESS	111 Crooked Pine Rd.
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	Port Orange, FL. 32124
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	M/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECOR, CAROLE	6.2 NAME	Marly Brown
STREET ADDRESS	436 S NOVA ROAD #91	6.3 STREET ADDRESS	436 S Nova Rd #91
CITY-ST-ZIP	ORMOND BEACH FL	6.4 CITY-ST-ZIP	Ormond Beach, FL. 32125

6.4 CITY-ST-ZIP: 061.25 Dep Bank

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia R. Tupper - Virginia R. Tupper 2/14/96 - 904-760-5011
Date: 2/14/96 Daytime Phone: 904-760-5011

CR2E037 (12/95)