

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000002144 (3)

1. Corporation Name

SUPER SINGLES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

190 S NOVA RD
ORMOND BEACH FL 32174

P.O. BOX 2504
ORMOND BEACH FL 32175-2504

3. Date Incorporated or Qualified
04/28/1994

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

JOHN S NORTON JR PA
431 N GRANDVIEW AVE SUITE B
DAYTONA BEACH FL 32118

81 Name

RON WOLF

82 Street Address (P.O. Box Number is Not Acceptable)

5242 CHRISTIANEY AVE

83

84 City

PORT ORANGE

FL

85 Zip Code

32127

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

RON WOLF

Ron Wolf

1-6-97

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	PD	<input type="checkbox"/> DELETE
NAME	WOLF, RON	
STREET ADDRESS	5242 CHRISTIANEY AVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TUPPER, VIRGINIA	
STREET ADDRESS	16 LAKE POINT CIR	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DABE, BILL	
STREET ADDRESS	21 ARBOR LAKES PARK	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STILL, BETTY	
STREET ADDRESS	1524 S RIVERSIDE DR	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KIMBLE, FAITH	
STREET ADDRESS	111 CROOKED PINE RD	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, MARILY	
STREET ADDRESS	436 S NOVA ROAD #92	
CITY-ST-ZIP	ORMOND BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for an 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ron Wolf

RON WOLF

1-6-97

904) 767-6485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8003478

CPRE037 (9/96)