

1995

25 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUPERIOR PEST ELIMINATION SYSTEMS, INC.

28455 SW 177 AVE HOMESTEAD FL 33030		28455 SW 177 AVE HOMESTEAD FL 33030	
2. Principal Name (Last, First, Middle)		2a. Mailing Address	
21	21	2b. Mailing Address	2b
22	22	2c. City & State	2c
23	23	2d. Zip	2d
24	24	2e. Date of Birth (MM/DD/YYYY)	2e
25	25	2f. Social Security Number	2f
26	26	2g. Date of Death (MM/DD/YYYY)	2g
27	27	2h. Date of Birth (MM/DD/YYYY)	2h
28	28	2i. Social Security Number	2i
29	29	2j. Date of Death (MM/DD/YYYY)	2j
30	30	2k. Date of Birth (MM/DD/YYYY)	2k
31	31	2l. Social Security Number	2l
32	32	2m. Date of Death (MM/DD/YYYY)	2m
33	33	2n. Date of Birth (MM/DD/YYYY)	2n
34	34	2o. Social Security Number	2o
35	35	2p. Date of Death (MM/DD/YYYY)	2p
36	36	2q. Date of Birth (MM/DD/YYYY)	2q
37	37	2r. Social Security Number	2r
38	38	2s. Date of Death (MM/DD/YYYY)	2s
39	39	2t. Date of Birth (MM/DD/YYYY)	2t
40	40	2u. Social Security Number	2u
41	41	2v. Date of Death (MM/DD/YYYY)	2v
42	42	2w. Date of Birth (MM/DD/YYYY)	2w
43	43	2x. Social Security Number	2x
44	44	2y. Date of Death (MM/DD/YYYY)	2y
45	45	2z. Date of Birth (MM/DD/YYYY)	2z
46	46	2aa. Social Security Number	2aa
47	47	2ab. Date of Death (MM/DD/YYYY)	2ab
48	48	2ac. Date of Birth (MM/DD/YYYY)	2ac
49	49	2ad. Social Security Number	2ad
50	50	2ae. Date of Death (MM/DD/YYYY)	2ae
51	51	2af. Date of Birth (MM/DD/YYYY)	2af
52	52	2ag. Social Security Number	2ag
53	53	2ah. Date of Death (MM/DD/YYYY)	2ah
54	54	2ai. Date of Birth (MM/DD/YYYY)	2ai
55	55	2aj. Social Security Number	2aj
56	56	2ak. Date of Death (MM/DD/YYYY)	2ak
57	57	2al. Date of Birth (MM/DD/YYYY)	2al
58	58	2am. Social Security Number	2am
59	59	2an. Date of Death (MM/DD/YYYY)	2an
60	60	2ao. Date of Birth (MM/DD/YYYY)	2ao
61	61	2ap. Social Security Number	2ap
62	62	2aq. Date of Death (MM/DD/YYYY)	2aq
63	63	2ar. Date of Birth (MM/DD/YYYY)	2ar
64	64	2as. Social Security Number	2as
65	65	2at. Date of Death (MM/DD/YYYY)	2at
66	66	2au. Date of Birth (MM/DD/YYYY)	2au
67	67	2av. Social Security Number	2av
68	68	2aw. Date of Death (MM/DD/YYYY)	2aw
69	69	2ax. Date of Birth (MM/DD/YYYY)	2ax
70	70	2ay. Social Security Number	2ay
71	71	2az. Date of Death (MM/DD/YYYY)	2az
72	72	2ba. Date of Birth (MM/DD/YYYY)	2ba
73	73	2bb. Social Security Number	2bb
74	74	2bc. Date of Death (MM/DD/YYYY)	2bc
75	75	2bd. Date of Birth (MM/DD/YYYY)	2bd
76	76	2be. Social Security Number	2be
77	77	2bf. Date of Death (MM/DD/YYYY)	2bf
78	78	2bg. Date of Birth (MM/DD/YYYY)	2bg
79	79	2bh. Social Security Number	2bh
80	80	2bi. Date of Death (MM/DD/YYYY)	2bi
81	81	2bj. Date of Birth (MM/DD/YYYY)	2bj
82	82	2bk. Social Security Number	2bk
83	83	2bl. Date of Death (MM/DD/YYYY)	2bl
84	84	2bm. Date of Birth (MM/DD/YYYY)	2bm
85	85	2bn. Social Security Number	2bn
86	86	2bo. Date of Death (MM/DD/YYYY)	2bo
87	87	2bp. Date of Birth (MM/DD/YYYY)	2bp
88	88	2bq. Social Security Number	2bq
89	89	2br. Date of Death (MM/DD/YYYY)	2br
90	90	2bs. Date of Birth (MM/DD/YYYY)	2bs
91	91	2bt. Social Security Number	2bt
92	92	2bu. Date of Death (MM/DD/YYYY)	2bu
93	93	2bv. Date of Birth (MM/DD/YYYY)	2bv
94	94	2bw. Social Security Number	2bw
95	95	2bx. Date of Death (MM/DD/YYYY)	2bx
96	96	2by. Date of Birth (MM/DD/YYYY)	2by
97	97	2bz. Social Security Number	2bz
98	98	2ca. Date of Death (MM/DD/YYYY)	2ca
99	99	2cb. Date of Birth (MM/DD/YYYY)	2cb
100	100	2cc. Social Security Number	2cc

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LOZANO, ABEL F 28455 SW 177 AVE HOMESTEAD FL 33030	B1	Name	
	B2	Street Address (if 0) Box Number or Post Office	
	B3		
	B4	City	FL

[illegible]

SUBJECT INDEX

[illegible]**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMEL LOBANO

5-2-95 305 245-3334