


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90060 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000058056

1. Corporation Name
SUPER SPEEDY, INC.



Principal Place of Business 101 EAST CITRUS STREET ALTAMONTE SPRINGS FL 32701 US	Mailing Address 101 EAST CITRUS STREET ALTAMONTE SPRINGS FL 32701 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2441 OAK DRIVE	2a. Mailing Address 26 2441 OAK DRIVE	3. Date Incorporated or Qualified 08/16/1993	4. FEI Number 59-3207927	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State Longwood, Florida	28 City & State Longwood, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 32779	25 Country US	29 Zip 32779	30 Country US	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MANIS, BRENDA 2250 WESTWOOD DRIVE LONGWOOD FL 32779	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANIS, BRENDA		1.2 NAME	
STREET ADDRESS 2250 WESTWOOD DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 32779		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANIS, EVERETTE		2.2 NAME	
STREET ADDRESS 2250 WESTWOOD DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 32779		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWMAR, WILLIAM D III		3.2 NAME	
STREET ADDRESS 101 E CITRUS ST		3.3 STREET ADDRESS 2441 OAK DRIVE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701		3.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWMAR, C D		4.2 NAME	
STREET ADDRESS 101 E CITRUS ST		4.3 STREET ADDRESS 2441 OAK DRIVE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701		4.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Christina Bowmar / Christina Bowmar 4/30/99 (407) 835-1218
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)