


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



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000058056</b>					
1. Corporation Name <b>SUPER SPEEDY, INC.</b>					
Principal Place of Business 101 EAST CITRUS STREET ALTAMONTE SPRINGS FL 32701 US			Mailing Address 101 EAST CITRUS STREET ALTAMONTE SPRINGS FL 32701 US		
2. Principal Place of Business 21 <b>2441 OAK DRIVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>Longwood, Florida</b> Zip Country 24 <b>32779</b> 25 <b>US</b>		2a. Mailing Address 26 <b>2441 OAK DRIVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>Longwood, Florida</b> Zip Country 29 <b>32779</b> 30 <b>US</b>		3. Date Incorporated or Qualified <b>08/16/1993</b>	
		4. FEI Number <b>59-3207927</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		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 <b>MANIS, BRENDA</b> <b>2250 WESTWOOD DRIVE</b> <b>LONGWOOD FL 32779</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	MANIS, BRENDA				
STREET ADDRESS	2250 WESTWOOD DRIVE				
CITY-ST-ZIP	LONGWOOD FL 32779				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MANIS, EVERETTE				
STREET ADDRESS	2250 WESTWOOD DRIVE				
CITY-ST-ZIP	LONGWOOD FL 32779				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	BOWMAR, WILLIAM D III				
STREET ADDRESS	101 E CITRUS ST				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	BOWMAR, C D				
STREET ADDRESS	101 E CITRUS ST				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS	<b>2441 OAK DRIVE</b>				
3.4 CITY-ST-ZIP	<b>Longwood, FL 32779</b>				
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS	<b>2441 OAK DRIVE</b>				
4.4 CITY-ST-ZIP	<b>Longwood, FL 32779</b>				
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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/99 (407) 835-1218*  
Date Daytime Phone

CR2E034 (11/98)

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