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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000029383 1. Corporation Name

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90003 039 ***150.00

SUPERD	eals usa, inc.									
Principal Place	of Business	Mailing Address				1	L I DOMANDE ALE FORM DISIN SOME SA		10 14 00 (1468 1411	DI 4 0188 1110 1 08 6
7346 WOODSRIAR COURT		7346 WOODBRIAR COURT								
ORLANDO FL 32835		ORLANDO FL 32835					DO NOT MO	75 IN TU	US CDACE	
						-	DO NOT WRI	EIN IE	IIS SPACE	
						3.	 Date Incorporated or Qualifed 04/18/1994 			
2 Oringing Di	ace of Business	2a. Mailing Address				4	. FEI Number		A	pried For
_ '	ace of business	26				"	59-3241634		—	lot Applicable
Suite, A)t. #, etc.		Suite, Apt. #, etc.				1.			\$8.75	Additional
22		27				5.	. Certifcate of Status Desired		Fee R	Rec uired
City & State		City & State				6.	. Election Campaign Financing		•	May Be
23		28				Trust Fund Contribution		Added	I tc Fees	
Zip Country		Zip Counti		try			. This corporation owes the curr	rent year		IJNo
24	25		30			140	Persor al Property Tax. Name and Address of New	Pagistore	Yes_	17100
	9. Name and Address of Current	Registered Agent	— -	81 N	Name	10.	, Name and Address of New	register	u Agent	
SMOKE, LEONARD C										
7346 WOODBRIAR COURT ORLANDO FL 32835			1	82 5	Street Acdre	ess (F	P.O. Box Number is Not Accept	able)		
			[83						
			1	84 (City			F	1 85 Zip	Code
11 Pursuant t	to the provisions of Sections 607.0502	and 607 1508 Florida Statute	es. the abo	ove-n	amed ccrpc	oratio	on submits this statement for the	purpose	of changing it	ts registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	st Florida. Such change was a⊩	uthorized i	DV the	e corporatio	n's b	poard of cirectors. I hereby acce	pt the app	cointment as r	eg stered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	: Registered A	gent sig	gnature required	when	reinstating)	DATE		
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OF	FICERS	AND DIRECT	OFS IN 12
TITLE	D	☐ DELÉTÉ							Change	☐ Addition
NAME	SMOKE, LEONARD C		1 2 NA M	12 NAME						
STREET ADDRE 3S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		13 STR	1.3 STREET ADDRESS						1:
CITY-ST-ZIP	ORLANDO FL 32835			1.4 CITY-ST-ZIP				_		
TITLE	D	☐ DELETE	2.1 TITL	.E					Change	e
NAME	SMOKE, CAROL A.	OL A. 2:								
STREET ADDRE 3S	7346 WOODBRIAR COURT			2.3 STREET ADDRESS						Ì
CITY-ST-ZIP	ORLANDO FL			Y-ST-Z	ZIP					Addition
TITLE		☐ DELETE	31 TITL	.E					Change	Addition
NAME			3.2 NAME							
STREET ADDRE 3S		i i			DORESS					ı
CITY-ST-ZIP				Y-ST-Z	ZIP				Change	e Addition
TITLE		☐ DELETE	4,1 TiTL							Addition
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET AL							
CITY-ST-ZIP		DELETE	4.4 CITY-ST		IP				Change	e
TITLE		□ DETE IE	5.1 TITLE 5.2 NAME						பாளர	
NAME			53 STR		DRESS					
STREET ADORE IS			•		1					1
CITY-\$T-ZIP	DELETE			54 CITY-ST-ZIP 6.1 TITLE		_			Change	Addition
TITLE		5	6.2 NAM							_
NAME OTDEET ADDRESS					DORESS					
STREET ADDRESS			1	v et 7						

14. Thereby certify that the information supplied with this filling 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 oir 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 a Lother like empowered.

SIGNATURE: