SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
99 MAR 18 PM 3:55
SEC... STATE
TALLA... FLORIDA

DOCUMENT # P94000035854

1. Corporation Name
SUPERIOR IMAGING PRODUCTS, INC.

Principal Place of Business
6041 SIESTA LANE
PORT RICHEY, FL. 34668

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Filed or Date Domesticated/Qualified
05/12/94

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number
59-3283211
☐ Applied For
☐ Not Applicable

Suite, Apt #, etc (22)

Suite, Apt #, etc (27)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State (23)

City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)

Zip (29) Country (30)

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JENSEN, STEVEN R.
8620 AIRWAY BLVD.
NEW PORT RICHEY, FL. 34654

10. Name and Address of New Registered Agent

81 Name JENSEN, ROSS
82 Street Address (P.O. Box Number is Not Acceptable) 8620 AIRWAY BLVD.
83
84 City NEW PORT RICHEY FL 85 Zip Code 34654

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 Ross Jensen 2/21/99
Signature, Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P,T,S,D	☐ DELETE
NAME	JENSEN, STEVEN R.	
STREET ADDRESS	8620 AIRWAY BLVD.	
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34654	
TITLE	VP	☐ DELETE
NAME	JENSEN, ROSS	
STREET ADDRESS	8620 airway blvd. 34654	
CITY-ST-ZIP	NEW PORT RICHEY, FL.	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

REINSTATEMENT 05 99

B. 3/23/99

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.

SIGNATURE: Ross Jensen 2/21/99 727-842-9877 x210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #