**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED
AND
FILED

95 APR -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/06/95--01017--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # P94000035969 (2)**

1. Corporation Name
**SUPERIOR BOBCAT, INC.**

Principal Place of Business
5231 N.W. 85TH TERRACE
CORAL SPRINGS FL 33067

Mailing Address
5231 N.W. 85TH TERRACE
CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified: 05/12/1994
3a. Date of Last Report:
4. FEI Number: 650495206 — Applied For / Not Applicable

2. Principal Place of Business
21 5303 N.W. 109 LANE
22 Suite, Apt. #, etc.
23 City & State: CORAL SPRINGS, FL
24 Zip: 33076
25 County:

2a. Mailing Address
26 5303 N.W. 109 LANE
27 Suite, Apt. #, etc.
28 City & State: CORAL SPRINGS, FL
29 Zip: 33076
30 County:

5. Certificate of Status Desired [ ] $0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
MERCIER, RITA
5231 N.W. 85TH TERRACE
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5303 N.W. 109 LANE
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33076

11. Pursuant to the provisions of Section 607.0501 and 607.0505, 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. The business address of the registered agent and the address of the registered office are identical.

SIGNATURE: Registered Agent (required if applicable) DATE: Registered Agent (required if applicable) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | P | 11 TITLE | [ ] Change [X] Addition |
| 12 NAME | RITA MERCIER | 12 NAME | |
| 13 STREET ADDRESS | 5303 N.W. 109 LANE | 13 STREET ADDRESS | |
| 14 CITY ST ZIP | CORAL SPRINGS, FL 33076 | 14 CITY ST ZIP | |
| 21 TITLE | SECRETARY | 21 TITLE | [ ] Change [X] Addition |
| 22 NAME | GILIES BONIN | 22 NAME | |
| 23 STREET ADDRESS | 248 S.E. 8th TERRACE | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | DEERFIELD BEACH, FL 33441 | 24 CITY ST ZIP | |
| 31 TITLE | | 31 TITLE | [ ] Change [ ] Addition |
| 32 NAME | | 32 NAME | |
| 33 STREET ADDRESS | | 33 STREET ADDRESS | |
| 34 CITY ST ZIP | | 34 CITY ST ZIP | |
| 41 TITLE | | 41 TITLE | [ ] Change [ ] Addition |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | 4/3/95 MSt |
| 51 TITLE | | 51 TITLE | [ ] Change [ ] Addition |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | [ ] Change [ ] Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 64 CITY ST ZIP | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and complete 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:** Rita Mercier — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — RITA MERCIER — Date: 3-25-95 — Daytime Phone: 305-345 8179

0110607 CP