

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 # P94000093673

1. Corporation Name

SUPERIOR TELECOMMUNICATIONS, INC

Principal Place of Business

P O BOX 771632
CORAL SPRINGS FL 33077-1632

Mailing Address

P O BOX 771632
CORAL SPRINGS FL 33077-1632

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90106 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1994

4. FEI Number

65-0545901

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GALAZZI, WAYNE
3772 INVERRARY BLVD
M-107
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name GALAZZI, WAYNE
82 Street Address (P.O. Box Number is Not Acceptable)
4271 N.W. 89th AVE.
83 #203
84 CORAL SPRINGS FL 85 Zip Code 33065

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

Wayne Galazzi

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/01/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	GALAZZI, WAYNE	3772 INVERRARY BLVD M-107	LAUDERHILL FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	GALAZZI, WAYNE	4271 N.W. 89th AVE #203	CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Wayne Galazzi 04/01/99 (954) 345-7049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)