FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORA NS DOCUMENT # 1. Corporation Name P95000044991 SUPERIOR AUTO SALES,INC. Mailing Address Principal Place of Business 2006 N.W. SSTN AVENUE 2005 N.W. SETH AVENUE

FILED Jun 24 1998 8:00am Secretary of State



MARGATE FL 33063		MARGATE FL 33063		DO NOT WRITE IN THI	IS SPACE
			ſ	3. Date Incorporated or Qualified	
				06/02/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 240	3 N SR 7	26 2403 N SI	21	65-0587731	Not Applicable
Suite, Apt	#, etc.	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State	<i>A</i> .	6. Election Campaign Financing	\$5.00 May Be
23 MAR	GATE CIA	28 MARGATE	IF/A	Trust Fund Contribution	Added to Fees
Zip 24 3300	3 25 PSA	29 33063 30°	USA	This corporation owes or has paid the operation and the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	P4 Nome	10. Name and Address of New Registere	ed Agent
BIANCO, STEVEN			81 Name		
813 S E 13 ST			82 Street Address (P.O. Box Number is Not Acceptable)		
3			83		
F	FT LAUD FL 33316				
			84 City	F	85 Zip Code
agent La	to the provisions of Sections 607.0502 registered agent, or both, in the State of am family of the analysis are accept the obligations.	ami 607.1508, Florida Statutes, the Francia. Such change was authorized of Section 607.0505, Florida S	above-named cor red by the corpora fatules.	rporation submits this statement for the purpose alion's board of directors. I hereby accept the a	
SIGNATURE	Signature: typesFor printed name of registered agold	and the diapplicable (NOTE: Registe	pred Agent signature requ	uired when reinstating) DATE	<u> </u>
12.	OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSTD		TITLE		Change Addition
NAME	BIANCO, STEVEN	t t	? NAME]3
STREET ADDRESS	813 SE 13 ST,3		STREET ADDRESS		<u> </u>
CITY-ST-ZIP	FT LAUD FL		CITY-ST-ZIP	Sa alass	Change Idition C
TITLE NAME	SECRETIMY Throubse JACOBS	<u> </u>	NAME TA	TARREST SERVICE	The state of the s
STREET ADDRESS	IMPOSTY. ST.	•	STREET ADDRESS	PEOCOTE JACEUS	
CITY-ST-ZIP		i i	4 CITY-ST-ZIP	133 Leit ner Dr. W	22067
TITLE		· · · 	TITLE	STATE STINGS I FIM	Change Addition
NAME		3 2	NAME		
STREET ADDRESS		3.3	STREET ADDRESS		
City-ST-ZIP	}	3.4	CHY-ST-ZIP		
TITLE		DELETE 4.1	TITLE		Change Addition
NAME		4	2 NAME	_	12/2/21
STREET ADDRESS		43	STREET ADDRESS	_	1////// (/ l
CITY-ST-ZIP			CITY-ST-ZIP	/	
TITLE			TITLE	/	Change Addition
NAME			NAME		•
STREET ADDRESS		il.	SIREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		Change Addition
TITLE	İ	1	TITLE	commeny ta	
NAME		I	P NAME	06 72473801065	
STREET ADDRESS	· ·		S SIREET ADDRESS	***158, 75	terter of
CITY-ST-ZIP	L	6.4	CITY - S1 - ZIP	ACTION OF CAMPACIAN	

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 with an address

6-02-57