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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000047477 (1)

1. Corporation Name

SUPER COUPS OF SOUTH PALM BEACH, INC.



Principal Place of Business

5573 PACIFIC BLVD., SUITE 3509
BOCA RATON FL 33433

Mailing Address

5573 PACIFIC BLVD., SUITE 3509
BOCA RATON FL 33433-6728

3. Date Incorporated or Qualified
06/19/1995

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2913 CORMORANT ROAD

City & State

DELRAY BEACH, FLORIDA

Zip

33444

Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

2913 CORMORANT ROAD

City & State

DELRAY BEACH, FLORIDA

Zip

33444

Country

USA

4. FEI Number

65-0589961

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DITTMAN, PAUL Z.
5573 PACIFIC BLVD. SUITE 3509
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

DITTMANN, PAUL Z.

82 Street Address (P.O. Box Number is Not Acceptable)

2913 CORMORANT ROAD

83

84 City

DELRAY BEACH

FL

85 Zip Code

33444

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/9/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME DITTMANN, PAUL Z.
STREET ADDRESS 5573 PACIFIC BLVD., SUITE 3509
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2913 CORMORANT ROAD
DELRAY BEACH, FLORIDA 33444

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL Z. DITTMANN

1/9/97

561-266-8844

Date

Daytime Phone #

0317057

CR2E034 (9/96)