FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jul 18 1997 8:00am

Secretary of State

D122512M

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000068634 (1)

SUPERIOR COMMERCIAL DEVELOPERS, INC.

103 SOUTH BO TAMPA FL 336			103 SOUTH BOULEVARD TAMPA FL 33806-1901							
						3. Date Incorporated or Qualified 09/06/1995	3a. Da	le of La 01/19		ort
	ace of Business	2a. Mailing Address				4. FEI Number	-1		Appl	ied For
21		26				59-3380326				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	——————————————————————————————————————			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	F-¬ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Z (p	Countr 30	У		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XY yes \(\sigma\) No				
	9. Name and Address of	f Current Registered Agent				10. Name and Address of New Re	gistered /	gent		
COF	RPORATION SERVICE CO	MPANY	81	1	Name					
120	1 HAYS STREET		82	2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
IAU	LAHASSEE FL 32301-252	ॐ	83	3						
			84	4	City			85	Zip Co	ode
office or re	egistered agent, or both, in the	607.0502 and 607.1508, Florida St he State of Florida. Such change w he obligations of, Section 607.0505	vas authorized b	γ	the corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of t the app	chang ointme	ing its i	egistered gistered
SIGNATURE	Signature, typed or printed name of reg	pirtured appart and the il appare table	(NOTE: Begistered Ap		nt cinnature (secuite	o ud an rainclativo)	DATE			
12.		ERS AND DIRECTORS	13.	go.	it billitting tedour	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS	IN 12
TITLE	PT	DELETE	1.1 1011.6					Cha	ange	Addition
NAME	DRISCOLL, RICHARD V	N	1.2 NAME							
STREET ADDRESS	3315 HENDERSON BLY		1.3 STREE	ET A	ADDRESS / 10	3 SOUTH BOWEVAL	.12			
CITY-ST-ZIP	TAMPA FL 33609		1.4 CHY-	SI	1-ZIP TP	mPA, FL 33606	,			
TITLE	V\$	☐ DELETE	2.1 TITLE			,		▼ Char	ange	Addition
NAME	SILVER, JOSEPH S		2.2 NAME				-			
STREET ADDRESS	3315 HENDERSON BL\	VD.	2.3 STREE	ET A	ADDRESS /D	3 SOUTH BOULEVAL				
CITY-ST-ZIP	TAMPA FL 33609		2 4 CITY	- <u>\$</u>	I-71P 7	3 SOUTH BOULEVAL MARA, FL 3360L	/			
TITLE		☐ DELETE	3.1 THLE			,		☐ Cha	ange	Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREI							
CITY-ST-ZIP		[] pr	3.4. CITY	_	I - ZiP					Addition
TITLE		☐ DELE1E						Ch:	anye	LT VOOIHDO
NAME			4. 2 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY-		I-ZIP			Chi	anne	Addition
TITLE		L.J VELETE						VIN	miÑo.	T''1 VOUROIL
NAME ATOTET ADODESOS			5.2 NAME		ADDDECC					
STREET ADDRESS			5.3 STRE							
CITY-ST-ZIP		DELETE	5.4 CITY - 6.1 TITLE	_	1-719			Ch	ange	Addition
'''			6.2 NAME		.				· · · · · · · · · · · · · · · · · ·	
NAME					*DODCCC					
STREET ADDRESS			6.3 STRE	t I i	ADDRESS					

6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this agmal 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 christian or the previous empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or or an attachment with an address.