2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90211 041 ***150.00

DOCUMENT # P96000012794

1. Entity Name
SUPERIOR ASSET EQUITY CORPORATION

Principal Place of Business	Mailing Address
745 US HWY 1 STE 209 NORTH PALM BEACH, FL 33408 US	745 US HWY 1 STE 209 NORTH PALM BEACH, FL 33408 US

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8191 Cypress Point Rd.	8191 Cypress Point Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33412 Country: U.S.A.	Zip: 33412 Country: U.S.A.

4. FEI Number: 65-0652194 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEITMEYER, RICHARD
745 US HWY 1
STE 209
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8191 Cypress Point Rd.

City: West Palm Beach FL Zip Code: 33412

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDS ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HEITMEYER, RICHARD A	NAME	
STREET ADDRESS	745 US HWY 1, STE 209	STREET ADDRESS	8191 Cypress Point Rd.
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	West Palm Beach, FL 33412
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] R. Heitmeyer 4/24/04 561-776-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #