

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

FILED
May 02 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 # P96000015591 (6)

1. Corporation Name

SUPERIOR CONCEPTS & PRODUCTS, INC.

Principal Place of Business

11313 S.W. 165 TERRACE
MIAMI FL 33157

Mailing Address

11313 S.W. 165 TERRACE
MIAMI FL 33157-2723

3. Date Incorporated or Qualified

02/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

65-0650535

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

O'SULLIVAN, HOWARD
11313 S.W. 165 TERRACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DEHRING, ROBERT B
STREET ADDRESS 18236 N.W. 6TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ DELETE

NAME LEE SIN, ROGER C
STREET ADDRESS 11045 S.W. 159TH TERRACE
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ DELETE

NAME DADE, DORTHON
STREET ADDRESS 11231 S.W. 181 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ DELETE

NAME O'SULLIVAN, HOWARD
STREET ADDRESS 11313 S.W. 165 TERRACE
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ DELETE

NAME SMITH, PAUL
STREET ADDRESS 18800 S.W. 97TH AVE.
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ DELETE

NAME O'SULLIVAN, MARK
STREET ADDRESS 11313 S.W. 165 TERRACE
CITY-ST-ZIP MIAMI FL 33157

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

CR2E034 (9/96)