

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90238 025 ***150.00

0231649

DOCUMENT # P96000015591

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1996

4. FEI Number

65-0350535

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 12066 SW 117 COURT

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

Zip

24 33186

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL

Zip

29 33157

Country

30

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 607.050 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)

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99

305-255-3107

Daytime Phone #

CR2E034 (11/98)