

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

FILED

Apr 09 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 # **P96000031230 (1)**

1. Corporation Name
SUPERCANNEL CENTRE, INC.



Principal Place of Business 4520 PARKBREEZE CT ORLANDO FL 32808	Mailing Address 4520 PARKBREEZE CT ORLANDO FL 32808-1045
---	--

3. Date Incorporated or Qualified 04/10/1996	3a. Date of Last Report
4. FEI Number 59-3388634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent BOWERS, CLAUD 4520 PARKBREEZE CT ORLANDO FL 32808	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, CLAUD	1.2 NAME	Bowers, Claud
STREET ADDRESS	4520 PARKBREEZE CT	1.3 STREET ADDRESS	477 Pickford Point
CITY - ST - ZIP	ORLANDO FL 32808	1.4 CITY - ST - ZIP	Longwood, FL 32779
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, FREEDA	2.2 NAME	Bowers, Freeda
STREET ADDRESS	4520 PARKBREEZE CT	2.3 STREET ADDRESS	477 Pickford Point
CITY - ST - ZIP	ORLANDO FL 32808	2.4 CITY - ST - ZIP	Longwood, FL 32808
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, P B JR	3.2 NAME	Howell, P B Jr
STREET ADDRESS	1029 W MAGNOLIA	3.3 STREET ADDRESS	603 Gibson Street
CITY - ST - ZIP	LEESBURG FL 34748	3.4 CITY - ST - ZIP	Leesburg, FL 34748
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JOHN E	4.2 NAME	Jones, John E.
STREET ADDRESS	200 S HWY 17-92	4.3 STREET ADDRESS	5200 S. U.S. Hwy 17-92
CITY - ST - ZIP	CASSELBERRY FL 32707	4.4 CITY - ST - ZIP	Casselberry, FL 32707
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	COURTE, ANGELA
STREET ADDRESS		5.3 STREET ADDRESS	4520 PARKBREEZE COURT
CITY - ST - ZIP		5.4 CITY - ST - ZIP	ORLANDO, FL 32808
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Beik, Stephen
STREET ADDRESS		6.3 STREET ADDRESS	2229 Earleaf Court
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Longwood, FL 32779

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: Freeda Bowers 4/3/97 407-298-5555
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)