


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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90059 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000031230					
1. Corporation Name SUPERCHANNEL CENTRE, INC.					
Principal Place of Business 4520 PARKBREEZE CT ORLANDO FL 32808			Mailing Address 4520 PARKBREEZE CT ORLANDO FL 32808		
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		
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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	BOWERS, CLAUD				
STREET ADDRESS	477 PICKFORD PT				
CITY-ST-ZIP	LONGWOOD FL 32779				
TITLE	VSTD	<input type="checkbox"/> DELETE			
NAME	BOWERS, FREEDA				
STREET ADDRESS	477 PICKFORD PT				
CITY-ST-ZIP	LONGWOOD FL 32808				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	HOWELL, P B JR				
STREET ADDRESS	603 GIBSON ST				
CITY-ST-ZIP	LEESBURG FL 34748				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	JONES, JOHN E				
STREET ADDRESS	5200 S US HWY 17-92				
CITY-ST-ZIP	CASSELBERRY FL 32707				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	COURTE, ANGELA				
STREET ADDRESS	4520 PARKBREEZE CT				
CITY-ST-ZIP	ORLANDO FL 32808				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	BEIK, STEPHEN				
STREET ADDRESS	2229 EARLEAF CT				
CITY-ST-ZIP	LONGWOOD FL 32779				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	COURTE, ANGELA				
5.3 STREET ADDRESS	9058 HARBOR ISLE DRIVE				
5.4 CITY-ST-ZIP	WINDERMERE, FL 34786				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 
FREEDA M. BOWERS NAME OF SIGNING OFFICER OR DIRECTOR

03/05/99 407/298-5555 X109

Date Daytime Phone #

CR2E034 (11/98)

0095885