**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	P96000034596
AUBERIOR BELIEVI	IN/A

## **FILED** Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90138 027 \*\*\*150.00

SUPERIO	OR RENTALS, INC.	,						
Principal Plac	e of Business	Mailing Address	s			- 3 imailmer iem imrif Berrie maret marre marre	89 ISIII: BIBBL BLISC SBITE BITLI IB De	,
2231 S. WOODLAND BLVD. DELAND FL 32724  2231 S. WOODLAND BLVD. DELAND FL 32724					DO NOT WRITE IN TH	IS SPACE		
						3. Date incorporated or Qualifed		٦
ļ						04/18/1996		
2. Principal P	Place of Business	2a. Mailing Add	ress			4. FEI Number	Applied For	
21		26				59-3379928	Not Applicable	<u>a</u>
Suite, Apt.	#, etc.	Şuite, Apt. #	, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State	)			6. Election Campaign Financing	\$5.00 May Be	_[
23		28				Trust Fund Contribution	Added to Fees	_
Zip	Country	Zip		_Country		-8,-This corporation owes the current year I		
24	25	29	30		_	Personal Property Tax.	☐ Yes ☐ No	_
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registers	d Agent	
				81 N	ame _	RONALD HOWE		
	STERS, KAREN E			82 S		iss (P.O. Box Number is Not Acceptable)	n Blub	٦
	1 S. WOODLAND BLVD.				ے دے	131 5. WOODLAND	موعد م	4
DEL	AND FL 32724			83				
				84 C	ity 🔨		. 85 Zip Code	ヿ
				1 1	ى رر	FLAND F		_
	registered agent, or both, in the State am familiar with, and accept the obliga	ations of Section 807			corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	ointment as registered	
SIGNATURE	大さいつこう が Signature, typed or printed name of registered ago	ort and little if applicable.	(NOTE: Re	restared Agent sign	Derkoper studen	when reinstating) DATE	7/49	_] ;
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	P		DELETE	1.1 TITLE	<b>D</b>	- ,/	☐ Change ☐ Addition	n   🗓
NAME	MASTERS, TROY A			1.2 NAME	7	Consider House	TR.	3
STREET ADDRESS				1.3 STREET ADD	RESS	C &2 O C 23 11 C C C C C C C C C C C C C C C C C C		5
CITY-ST-ZEP	DELAND FL			1.4 CITY-ST-ZIF	.   3	DELAND, FL 3:	2724	_  ֆ
TITLE	ST		DELETE	2.1 TITLE			☐ Change ☐ Addition	n   ۲
NAME	MASTERS, KAREN E			2.2 NAME				
STREET ADDRESS				2.3 STREET ADD	RESS			-
CITY-ST-ZIP	DELAND FL 32724			2.4 CITY-ST-28	,			_
TITLE			DELETE	3.1 YMLE			☐ Change ☐ Additio	m
NAME				3.2 NAME	1			
STREET ADDRESS	;			3.3 STREET ADD	RESS			
CITY-ST-ZIP	1			34. CTTY-ST-20	•			_
-11116			DELETE	4.1 TITLE			Change Addition	<u>-  </u>
NAME				4. 2 NAME	ĺ			- (
STREET ADDRESS	:			4.3 STREET ADD	ress			(
CITY-ST-ZIP				4.4 CITY-ST-ZIF	<u> </u>			_
TITLE			DELETE	5.1 TITLE			Change Addition	ou }
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET ADD	RESS	•		
CITY-ST-ZIP	1			5.4 CITY-ST-ZIF	<u> </u>			
TITLE			DELETE	6.1 TITLE			Change Addition	ın
NAME	1			6.2 NAME				1
STREET ADDRESS				6.3 STREET ADD	RESS			
CITY-ST-ZIP	1			6.4 CITY-ST-ZIP				

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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

904 736-2397