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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moftaham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061370 (8)

1. Corporation Name
SUPER NUMERATION, INC.

Principal Place of Business
500 E BROWARD BLVD 17TH FLOOR
FT LAUDERDALE FL 33394-3071

Mailing Address
500 E BROWARD BLVD 17TH FLOOR
FT LAUDERDALE FL 33394-3002



3. Date Incorporated or Qualified 07/22/1996
3a. Date of Last Report

2. Principal Place of Business
21 953 BANYAN DR
Suite, Apt. #, etc.

2a. Mailing Address
26 953 BANYAN DR
Suite, Apt. #, etc.

4. FEI Number 65-0690903
Applied For
Not Applicable

22 City & State
23 DELRAY BEACH FL

27 City & State
28 DELRAY BEACH

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33483 25 PALM BEACH

29 33483 30 PALM BEACH

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

HERMAN, JEFFREY M
500 E BROWARD BLVD 17TH FLOOR
FT LAUDERDALE FL 33394-3071

10. Name and Address of New Registered Agent

81 Name MAURICE KASSAL
82 Street Address (P.O. Box Number is Not Acceptable) 953 BANYAN DR
83
84 City DELRAY BEACH FL 85 Zip Code 33483

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

Maurice Kassal

(NOTE: Registered Agent's signature required when reinstating)

MARCH 28, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KASSAL, MAURICE	
STREET ADDRESS	953 BANYAN DR	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Maurice Kassal* MAURICE KASSAL 3/28/97 561-278-2703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)