

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000062159 (4)
 1. Corporation Name
SUPERIOR SERVICE ASSOCIATES, INC.



Principal Place of Business: **300 SO MORIN STREET EUSTIS FL 32726**
 Mailing Address: **P O BOX 1000 EUSTIS FL 32727-000 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1996	
21	26	4. FEI Number 59-3193483		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

REED, DAVID L
300 SO MORIN STREET
EUSTIS FL 32726

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	P REED, DAVID L	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	300 SO MORIN STREET	13 STREET ADDRESS:	
CITY-ST-ZIP	EUSTIS FL 32726	14 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS:		23 STREET ADDRESS:	
CITY-ST-ZIP		24 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-ST-ZIP		34 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP		44 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP		54 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP		64 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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)