


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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000076971 (6)

1. Corporation Name
SUPER T TIME, INC.

Principal Place of Business
**2500 HOLLYWOOD BLVD STE 215
HOLLYWOOD FL 33020**

Mailing Address
**2500 HOLLYWOOD BLVD STE 215
HOLLYWOOD FL 33020-6615**



2. Principal Place of Business 21 2455 Hollywood Blvd. #107 Suite, Apt. #, etc. 22 HOLLYWOOD City & State 23 FLORIDA Zip 24 33020 Country 25 U.S.		2a. Mailing Address 26 2455 Hollywood Blvd. #107 Suite, Apt. #, etc. 27 HOLLYWOOD City & State 28 FLORIDA Zip 29 33020 Country 30 U.S.		3. Date Incorporated or Qualified 09/16/1996	3a. Date of Last Report
4. FET Number		Applied For		Applied For	
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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent LABOSSIERE, MARC 2500 HOLLYWOOD BLVD STE 215 HOLLYWOOD FL 33020		10. Name and Address of New Registered Agent 81 Name Labossiere Marc 82 Street Address (P.O. Box Number is Not Acceptable) 1222 N.E. 4th Avenue 83 84 City Fort Lauderdale FL 85 Zip Code 33304	
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11. Pursuant to the provisions of Sections 607.0202 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

Marc Labossiere

4/3/97

Signature, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, LAMOUREUX	1.2 NAME	
STREET ADDRESS	16223 EMERALD COVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD, PIUZE	2.2 NAME	
STREET ADDRESS	17801 N BAY ROAD #602	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

04/18/97

(954) 927-0012

CR2E034 (9/96)