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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90066 023 \*\*\*150.00

## DOCUMENT # P9700004680

1. Corporation Name

SUPERSTRONGHOLD CORPORATION

|--|

1								
Principal Place of Business Mailing Address						T \$0011004 II II (BIII (BBII) BBIII OBSII OBSII DOIN DONN BIBIB BIIO (BIII OBSII DBII		
11475 N.W. 44T CORAL SPRING		11475 N.W. 44TH STREET CORAL SPRINGS FL 33065						
US US						DO NOT WRITE IN THIS SPACE		
,						3. Date Incorporated or Qualifed 01/16/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
21 PBA	T ADAL ENGLISH WELLBANGETT					65-0727070 Not Applicable	е	
Suite! Apt #, etc. Suite, Apt. #, etc Su						5. Certificate of Status Desired	. ]-	
City & State  City & State  City & State						6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip Country Zip				Country		8. This corporation owes the current year Intangible		
24 339			0			Teladrial Teladria Tela	$\dashv$	
i	9. Name and Address of Current R	egistered Agent		B1	Name	10. Name and Address of New Registered Agent	$\dashv$	
WID.	AJA, HARI B			$\perp$			_	
11475 N.W. 44TH STREET				82	Street Addre	Iress (P.O. Box Number is Not Acceptable)		
COR	AL SPRINGS FL 33065			B3				
,			Ī	84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				ove	-named corpo	pration submits this statement for the purpose of changing its registered		
l office or re	egistered agent, or both, in the State of F m familiar with, and accept the obligation	lorida. Such change was aut	horized	by t	the corporation	n's board of directors. I hereby accept the appointment as registered		
,	in lamiliai with, and accept the obligation	S OI, Section GO7.0303, Florid	ia Statu					
SIGNATURE	Signature, typed or printed name of registered agent an	title if applicable. (NOTE: R	legistered A	gent	t signature required	d when reinstating) DATE		
12.	OFFICERS AND D	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	□ DELETE	1.1 TITL	E		☐ Change ☐ Additi	on	
NAME ,	widjaja, hari b		1.2 NAME				;	
STREET ADDRESS	11475 N.W. 44TH STREET 13S			EET.	ADDRESS		l i	
CITY-ST-ZIP	CORAL SPRINGS FL 33065			Y-ST	-ZIP		_	
TITLE :	VSD	☐ DELETE	2.1 TITLE			☐ Change ☐ Additi	on   '	
NAME .	TEDJADINATA, LIANA		2.2 NAA	Æ	[		- {	
STREET ADDRESS	11475 N.W. 44TH STREET 23S			EET.	ADDRESS		- {	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CIT	Y-SI	T-ZIP		_	
- TITLE -1		- DELETE	'3.1 TITL	ΕŢ		☐ Change ☐ Additi	on	
NAME 1	:		3.2 NAM	Æ			Ì	
STREET ADDRESS			3.3 STR	EET.	ADDRESS	·	-	
CITY-ST-ZIP	- 		3.4. CIT	Y-ST	T-ZIP		_}	
TITLE		☐ DELETE	4.1 TITL	E		Change Addit	on	
NAME '	'		4. 2 NA	ME				
STREET ADDRESS			4.3 STR	EET.	ADDRESS			
CITY-ST-ZIP			4.4 CITY-\$		-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addit	on	
NAME .			5.2 NA	Æ	.			
STREET ADDRESS			5.3 STF	EET.	ADDRESS			
CITY-ST-ZIP			5.4 CIT		-ZIP			
TITLE '		☐ DELETE	6.1 TITL	E		☐ Change ☐ Addit	on	
NAME :			6.2 NAM	Æ		•	}	
STREET ADDRESS	,		63 STB	FFT	ADDRESS		1	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

954-760-2719

Daytime Phone #