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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043995 (4)

SUPERIOR ADVISORS, INC.

## FILED Apr 08 1998 8:00am Secretary of State



Principal Flace	O DUSINGSS	Mailing Address			1	
	IST AVE, STE 102 NNGS FL 33065	3071 NW 9151 AVE.	TO CE			
gray nubber		anon nw 680R		DO NOT WRITE IN THIS SPACE		
	Kland 172 33067	Dockle	ad FL	3306	3. Date Incorporated or Qualified	
tari	VIII. 1		ALC 1		05/15/1997	
<b>-</b>	ace of Business	2a. Mailing Address			4, FEI Number	Applied For
21	41 - 4	26			65.6754617	Not Applicable
Suite, Apt	W, BIC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				
23	,	<del> </del>			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	<b>28</b>	Count		This corporation owes or has pai	
24	25	29	30	,	Personal Property Tax due June	_ · _ ·
	g. Name and Address of Current	1	144)		10, Name and Address of New Reg	
F	ROMMER, LAWRENCE		8	Name r	swith fromme	
	071 NW 91ST AVE, STE 102		8:		ress (P.O. Box Number is Not Acceptab	[6]
Ċ	ORAL SPRINGS FL 33065		•	Sileer Addi	NOTE NEW CAP DR	10)
•			8:	3		
			i ii	City O		Jan Lin Codo
			6"		crt land	FL 85 Zip Code うるペレフ
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Stat	tutes, the abo	ve-named corp	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing its registered
agent. I ar	n familiar with, and accept the obligati	ons of, Section 607.0505,	S aumonzeu t Florida Statuti	лу (пе согрога: Э\$.	tion's poard of directors. I hereby accep	tine appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered agent			pent signature requir	red when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D COMMED I AMPENCE	☐ DELETE	1.1 TITLE			Change Addition
NAME	FROMMER, LAWRENCE 3071 NW 91ST AVE, STE 102	•	1.2 NAME			
STREET ADDRESS	CORAL SPRINGS FL 33065	2		T ADDRESS		
CITY-ST-ZIP TITLE	COME SPRINGS PE 33003	DELETE	1.4 CITY - 2.1 TITLE	SI-ZIP		Change Addition
NAME		LJ beerie	2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2. 4 CITY			
TITLE		DELETE	3.1 TITLE	-31-211		Change Addition
NAME		_	3.2 NAME			
STREET ADDRESS				T ADDRESS		+
CITY - ST - ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	£	•	
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			,
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY - ST - ZIP			54 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			,
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY			
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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 suppliemental 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:

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