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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058241 (5)

FILED Apr 29 1998 8:00am Secretary of State

| SUPERIOR OPPORTUNITIES, INC. | | | | | |
|---|--|------------------------------------|------------------------------|--|---|
| | | | | | |
| Principal Place | e of Business | Mailing Address | · | T PROFESIA IND FOUR SOME OBERFORE CONTRA | ABIRI BIIBI IBIID JIBII BIBBI IIBI IBBI |
| 9735 NW 3 | MANOR | 9735 NW 3 MANOR | | 1 | |
| CORAL SPRINGS FL 33071 CORAL SPRINGS FL 330 | | | 71 | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 07/01/1997 | |
| <u> </u> | ace of Business | 26. Mailing Address | make Circle | 4. FEI Number | Applied For |
| 21 35/8 (| resapeake Urcie | | <u>peate Circle</u> | 65-0767176 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Çity & Staty | B 4 | City & State, | | 6. Election Campaign Financing | |
| 23 BOYNA | | 28 bounton Be | ach, A | Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 21p 3544 | 25 Milm Beach | 29 354122 3 | Country BACK | 8. This corporation owes or has paid to Personal Property Tax due June 30. | |
| 24 2270 | 9. Name and Address of Current | | 1 BLUCH | 10. Name and Address of New Regist | |
| HICKEY, WILLIAM 81 Name | | | | | |
| OTOS ANA O MANION | | | | ess (P.O. Box Number is Not Acceptable) | |
| CORAL SPRINGS FL 33071 | | | 5treet Addin | ess (P.O. Box Number is Not Acceptable) | |
| _ | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | | FL |
| 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 accopt the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE Signifum, typed or printed name of regulated and talk it applicable (NOTE Registered Agent signature required when reinstating) DATE DATE | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICER | |
| TITLE | PD | ☐ DELETE | 117016 | | Change Addition |
| NAME | HICKEY, WILLIAM | | 1.2 NAME H1 | CKEY, WILLIAM | - |
| STREET ADDRESS | 9735 NW 3 MANOR | | 1.3 STREET ADDRESS II4 | CKEY, WILLIAM Praine moon no Sunction, IL 6/020 | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | | 1.4 CITY-ST-ZIP Ow | vis Sureting, IL 6/020 | |
| TITLE | VO | DELETE | ■ 211RI3 I & J | | LEAT LANGUAGE I LA ACKUMON I |
| NAME | OSBORNE, SEAN | | 2.2 NAME | DUENCE DEANY | |
| STREET ADDRESS | 1221 SW 15 AVE #203G BOYNTON BCH FL 33428 | | 23 STREET ADDRESS | BOLNE, SEAN 18 Chesapeak Circle Yndon Beack, Fl 38462 |) |
| CITY-ST-ZIP TITLE | BUTHTON BOTH PL 33428 | DELETE | 2 4 CITY-ST-ZIP | YNAUN BRUCK, PC 339 (B) | Change Addition |
| NAME | | □ vaca | 3.3 TITLE 3.2 NAME | | C cuendo C vanitos |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-S1-ZIP | | |
| TITLE | | [_] DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | Change Addition |
| NAME | | C percit | 6.1 (() LE 6.2 NAME | | C Avande C vitalion |
| STREET ADDRESS | İ | | 6.3 STREET ADDRESS | | |
| CITY-S1-ZIP | | | 6.4 CITY-ST-ZIP | | |
| 14. I hereby o | pertify that the information supplied with | h this filing does not qualify for | the exemption stated in | Section 119.07(3)(i), Florida Statutes. I furt | ner certify that the information |
| indicated | on this annual report or supplemental | ennual report is true and accu- | rate and that my signatur | re shall have the same legal effect as if ma | de under oath; that I am an |

14. I hereby certify that the information supplied with this thing 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:

Sean Oslonno

05-17-98

(561) 964-3834