

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000092376 (7)**

1. Corporation Name
SUPERLATIVE CONCEPTS, INC.



Principal Place of Business 3066 S FLORIDA AVENUE INVERNESS FL 34451	Mailing Address P.O. BOX 2564 INVERNESS FL 34451
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6150 E Sage St Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 2904 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/27/1997	
22 City & State 23 Inverness, FL Zip 24 34450 Country 25 FL		27 City & State 28 Inverness FL Zip 29 34451 Country 30 FL		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent URBAN, JOSEPH 3066 S FLORIDA AVENUE INVERNESS FL 34451				10. Name and Address of New Registered Agent			
				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URBAN, JOSEPH			1.2 NAME			
STREET ADDRESS	3066 S FLORIDA AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL 34451			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JAMES Ralph			2.2 NAME	JAMES Ralph		
STREET ADDRESS	8599 E Hampton Rd			2.3 STREET ADDRESS	8599 E Hampton Rd		
CITY-ST-ZIP	Inverness, FL 34450-7446			2.4 CITY-ST-ZIP	Inverness, FL 34450-7446		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Michael Garcia		
STREET ADDRESS				3.3 STREET ADDRESS	9933 E. Winsor Ct		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Inverness, FL 34450		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Barbara Ralph		
STREET ADDRESS				4.3 STREET ADDRESS	8599 E Hampton Pl. D.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Inverness, FL 34450-7446		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Erica Urban		
STREET ADDRESS				5.3 STREET ADDRESS	6150 E Sage St.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Inverness FL, 34452		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	100002423101	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	-02/06/98--01004--005		
STREET ADDRESS				6.3 STREET ADDRESS	***150.00		
CITY-ST-ZIP				6.4 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 in an attachment with an address.

SIGNATURE

[Signature]

1/6/98

(352) 344-4222

CR2E034 (10/97)