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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF DOCUMENT # P97000095314 (5)

FILED Mar 23 1998 8:00am Secretary of State

JUST EXTREMELY SUPERIOR INC. Principal Place of Business Mading Address 70 BERWICK CIRCLE 70 BERWICK CIRCLE SHALIMAR FL 32579 SHALIMAR FL 3257B DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1997 4. FEI Number 5 9 -2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. **\$8.75** Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCOOLER, JEROME E 70 BERWICK CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) SHALIMAR FL 32579 84 City Zip Code 85 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 Ftorida 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, typed or protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE T/D/C/M Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE TITLE oamela NAME 2.2 NAME scooler STREET ADDRESS 2.3 STREET ADDRESS CHTY - ST - ZIP 2.4 CiTY-ST-ZiP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 REET ADDRESS CITY-ST-ZIP TY - S1 - 7IP TITLE DELETE Change Addition NAME STREET ADDRESS REET ADDRESS CITY - ST - 71P Y-ST-ZIP DELETE Change Addition TITLE NAME ME STREET ADDRESS 5.3 TREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME STREET ADDRESS 6 3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 trusted 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 or an attachment with an address.

SIGNATURE:

krome E.

cooler President

President 03/198 850-651-9385

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