



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90030 023 \*\*\*150.00

<b>DOCUMENT # P97000106986</b> 1. Entity Name <b>SUPERIOR PARKING SYSTEMS, INC.</b>					
Principal Place of Business <b>2525 NE 26TH AVE FORT LAUDERDALE, FL 33305</b>				Mailing Address <b>2525 NE 26TH AVE FORT LAUDERDALE, FL 33305</b>	
2. Principal Place of Business <b>2524 N.E. 37 Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>2524 N.E. 37 Street</b> Suite, Apt. #, etc.		<b>44024128</b> 	
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>		4. FEI Number <b>65-0802905</b>	
Zip <b>33308</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BOOTH, MARK ESQ ROGER, MORRIS, &amp; ZIEGLER 1401 EAST BROWARD BLVD. #300 FORT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINCAID, STEVEN E 240 NORTHEAST 17TH COURT FT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kincaid, Steven E. 2524 N.E. 37 Street Fort Lauderdale, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Steven E. Kincaid</b>			Date <b>4/1/04</b> Daytime Phone # <b>(954) 802-7400</b>		