**FILED** 

Mar 11, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800032235

1. Corporation Name					
SUPERIO	OR REALTY HOLDINGS COR	PORATION			
Principal Place	of Business	Mailing Address			
6640 SUPERIOR		6640 SUPERIOR AVE.			
SARASOTA FL 34213-1583 SARASOTA FL 34213-1583				DO NOT WRITE IN THIS	SPACE
8		8		Date Incorporated or Qualifed	, 0. 7.02
				04/06/1998	
2 Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	acc of business	26 901 CONTENT	OST.	65-0826212	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	.,	27		5. Certifcate of Status Desired -	Fee Required
City & State	 9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 SARASOTA,	FLORIDA	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible
24	25	29 34×4× 3	o <i>USA</i> _	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
	- DEPUGES INO		81 Name		
LEI FINANCIAL SERVICES, INC.				dress (P.O. Box Number is Not Acceptable)	
5348 DREW. ROAD			[		
VENICE FL 34293			83		
			84 City		85 Zip Code
OA City				Fl	<b>-</b>
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					
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	horized by the corporat	tion's board of directors. I hereby accept the appo	Intment as registered
, ,	, , , , , , , , , , , , , , , , , , ,				į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature requir		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERNITT, ROBERT B		1.2 NAME		
STREET ADDRESS	901 CONTENTO ST.		1.3 STREET ADDRESS		Ì
CITY-ST-ZIP	SARASOTA FL 34242		1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition ]
NAME	BOERGER, JAMES R		2.2 NAME		
STREET ADDRESS	1891 RIVIERA CIRCLE		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	SARASOTA FL 34232		2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition {
NAME			4. 2 NAME		ĺ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 chapged, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS