

DOCUMENT # P98000047066

SUPER TURF, INC.

2226 SE TIFFANY AVE
PORT SAINT LUCIE FL 34952

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PORT SAINT LUCIE FL 34952

Suite, Apt. #, etc.

Applied For
Not Applicable

\$8.75 Additional
Fee Required

LOSANO, FERNANDO
2226 SE TIFFANY AVE
PORT SAINT LUCIE FL 34952

FI	Zip Code
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SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

\$5.00 May Be
Added to Fees

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOZANO, FERNANDO	
STREET ADDRESS	2226 SE TIFFANY AVE	
CITY - ST - ZIP	PORT SAINT LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

[illegible]

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 561-624-0522

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90053 022 ***150.00

CUU43680



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)