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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000105574

SUPER ELIER, INC.

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Principal Place of Business		Mailir	Mailing Address				1 10011601 1	I u 1810 1 1 0 112 00111 1		18181 WILET WILLI	56) 9 8 10 0	
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							12/17/1998					
2. Principal P	lace of Business	2a. M	lailing Address			1	4. FEI Number		1-10	AI	plied For	
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Suite, Apt.	#, etc.	S	uite, Apt. #, etc.				5. Certifcate of	Status Desired			Additional	
22		27					5: Certificate of			Fee R	equired	┨_
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23		28	 				Trust Fund (to Fees	1
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24	25	29		30		!	Personal Pro		v Registered			1
	9. Name and Address	of Current Register	ed Agent	81	Name		/ A		1			1
FDW/	ARDS, DIAN M						20015		457			Į
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	ES FL 34116			83			23//	Ju				1
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				84	City		4/1141	/	FI	85 Zip	Code	-
44 Durauant	to the provisions of Section	se 607 0502 and 607	1508 Florida Statute	s the abov	e-named	comora	tion submits this	statement for t	he purpose o	f changing its	registered	1
office or r	to the provisions of Section registered agent, or both in im familiar with, and accept	the State of Florida	Such change was au	thorized by	the corpo	oration'	s board of directo	ors. I hereby ac	cept the appo	intment as re	egistered	
altens I	im familiar with, and accept	the obligations of Si										
agona ra		tile obligations of or	ection 607.0503				=//			7-17	99	
SIGNATURE	/		ear	Registered Age	200	15	r. 0	15	DATÉ	3- <i> 3</i> -	99	
	Signature, bysed or printed name of		plicable. (NOTE: F		200	15	hen reinstating)	CHANGES TO	DATE	ND DIRECTO	ORS IN 12	í
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6.4 CITY-ST-ZIP

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

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

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90005 042 ***150.00