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

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90112 029 ***150.00

DOCUMENT # S00370 1. Corporation Name SUPERIOR SHELLS, INC.									
Principal Plac	ce of Business	Mailing Addre	ss		•	. I JANATASIA III NAISI ANGUN ISIII IANDI AREI AIRIS NINS		i miðli þimil jóði.	
3315 GOCIO RD SARASOTA FL 34235		3315 GOCIO RD SARASOTA FL 34235							
						DO NOT WRITE IN THIS S	PACE		,
						3. Date Incorporated or Qualifed 09/05/1990			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Applied For	
21 Suite Apt # etc		Suite Ant # ata				65-0220506		lot Applicable	4
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional			-
City & State		City & State			•	Fee Required			
23		28				6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	- -
Zip	Country	Zip	Co	untry		This corporation owes the current year Intan-		1101663	1
24	25	29	30	•		1	giole] Yes	□No	İ
	9. Name and Address of Curr	ent Registered Agen	t			10. Name and Address of New Registered Ag	jent		1
DV.A	N. PELV			81	Name				7
RYAN, KELLY 3315 GOCIO ROAD				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			┨
	ASOTA FL 34235		ļ			oo (i to: box ttanbor to tto t too pabel)			
SAN	M301A FL 34233			83			•		
				84	City		85 Zip	Code	┥
					·	· FL i			
11. Pursuant office or i	to the provisions of Sections 607.0 registered agent, or both, in the Stat	502 and 607.1508, Flo te of Florida, Such cha	orida Statutes, the a	above- d by ti	named corpor he corporation	ration submits this statement for the purpose of chis board of directors. I hereby accept the appointm	anging it nent as ri	s registered egistered	ļ
agent. I a	m familiar with, and accept the obli	gations of, Section 60	7.0505, Florida Stat	tutes.				-9.0.0.0.	
SIGNATURE	Signature, typed or printed name of registered a		ators B					·	-
12.		AND DIRECTORS	(NOTE: Registered	a Agent	/ beniupen enutsingia	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	OPS IN 12	ქ გ
TITLE	0		DELETE 1.1 TI	TILE		* * * * * * * * * * * * * * * * * * * *	Change		- 3
NAME	RYAN, KELLY D		1.2 N	AME		_	_	_	1
STREET ADDRESS	2015 20012 55		1.3 S	TREET A	ADDRESS				8
CITY-ST-ZIP	SARASOTA FL			ITY-ST-					1 8
TITLE			DELETE 2.1 TI] Change	☐ Addition	7
NAME			2.2 N	AME	ļ				
STREET ADDRESS			2.3 S	TREET A	ADDRESS				
CITY-ST-ZIP			2.40	TY-ST-	-ZiP	•			1
TITLE			DELETE 3.1 TI	TLE			Change	Addition]_
NAME "		_	3.2 N	AME					ľ
STREET ADDRESS			3.3 \$7	TREETA	NDDRESS				
CITY-ST-ZIP				ITY-ST-	ZIP	Parketon Control of the Control of t	_		1
TITLE		Ļ	DELETE 4.1 TI] Change	Addition]
NAME			4.2N						
STREET ADDRESS					DORESS				
CITY-ST-ZIP TITLE		П	4.4 CF DELETE 5.1 TF	TY-ST-Z	ZIP		Change	☐ Addition	-
NAME			5.1 II			L	_ change		1
STREET ADDRESS			ľ		DORESS				
CITY-ST-ZIP				TY-ST-Z	i				
TITLE			DELETE 6.1 TIT				Change	☐ Addition	1
NAME.			6.2 NA	AME.					
STREET ADDRESS			6.3 ST	REETA	DORESS				1
O(T) / OT 310			0.4.00	D/ 07 7	71D				1

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.

SIGNATURE:

2-9-99 Date