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

PROFIT -FLORIDA DEPARTMENT OF STATE Jun 10 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # S71478 (9)SUPERIOR COMPANY, INC Principal Place of Business Mailing Address 1503 MARVIN STREET 1503 MARVIN STREET LONGWOOD FL 32750 LONGWOOD FL 32750 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/91 12/31/96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3040183 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired X Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 30 Florida Statutos Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLANAGAN, JAMES P., SR. 82 Street Address (P.O. Box Number is Not Acceptable) 1503 MARVIN STREET LONGWOOD FL 32750 83 84 City Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETÉ 1.1.1(E) F Change Addition NAME 1.2 NAME FLANAGAN, JAMES P., SR. 1503 MARVIN ST. STREET ADDRESS 1.3 STREFT ADDRESS CITY-ST-ZIP LONGWOOD FL 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME FLANAGAN, JAMES P., JR STREET ADDRESS 2 3 STREET ADDRESS 1 WERBER ST. CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ___ Addition NAME 3.2 NAME FLANAGAN, CAROL J. STREET ADDRESS 1503 MARVIN STREET 3.3 STREET ADDRESS CITY - ST - ZIP ONGWOOD FL 32750 3 4 CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZIP DELETE Change TITLE 61 TITLE Addition 600002210366 -06/12/97--01066--018 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 eath; 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.

SIGNATURE.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

12/31/96 407-831-4943