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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V11272

(4)

SUPERIOR DASH, INC.

FILED Mar 20 1998 8:00am Secretary of State



									HE HALLEN		
Principal Place of Business Mailing Address									#1841 #1911 #16	itt Millit 10 At	
1980 SOUTH SEGRAVE STREET 1980 SOUTH SEGRAVE STR											
SOUTH DAYTO	ONA FL 32119-2128	SOUTH DAYTONA FL 32119-2128					DO NOT INDITE IN THE SPACE				
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						3	01/31/1992				
Principal Plan	ace of Business	2. Mailing Address	2a. Mailing Address				I. FEI Number		΄΄ Δ,	pplied For	
Z. Frincipari is	ace of Business	HT *	26				59-3107420			ot Applicable	
Suite, Apt. #	t. etc.		Suite, Apt. #, etc.							Additional	
22		<u>├</u>	27				. Certificate of Status Desired			equired	
City & State		City & State					. Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	p Country			8	. This corporation owes or has p	aid the cur	rent year In	tangible	
24		29	30				Personal Property Tax due Jun			No	
	g. Name and Address of Curren	t Registered Agent					Name and Address of New R	egistered /	Agent		
ZIM	MERMAN, CARL			81	Name						
602			82	Street	Address (P.O. Box Number is Not Acceptable)						
POF	rt Orangë fl 32127										
				83							
				84	City			FL	<b>85</b> Zip	Code	
44 Burguant b	o the provisions of Sections 607,050	2 and 607 1508 Florida Statu	itae the al	2006	-named	Loorporati	on submits this statement for the	nurnose of	changing i	ts registered	
11. Pursuant to office or re agent. I an	ogistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorize Iorida Stat	d by utes	the corp	poration's	board of directors. I hereby acce	opt the app	ointment as	registered	
SIGNATURE							en reinstaling}	DATE			
<del></del>	Signature typed or printed name of registered age OFFICERS AND		13.	a Age	ni signature	e required who	ADDITIONS/CHANGES TO OFF		DIRECTOR	3S IN 12	
12.	P	DELETE	1.1 TU	TLE		T	ADDITIONS OF ANGLES TO OTT	IOLIIO MIL	Change	Addition	
NAME	ZIMMERMAN, CARL		1.2 N/								
STREET ADDRESS	6025 PARK RIDGE DRIVE				ADDRESS						
CITY-ST-ZIP	PORT ORANGE FL			TY-S							
TITLE	डा	DELETE	2.1 TO			<u> </u>			Change	☐ Addition	
NAME	DOVEL, A. ASHTON		2.2 N/	4ME							
STREET ADDRESS	2028 N ATLANTIC AVE., ALIK	(I-CONDO-UNIT-701	2.3 \$1	2.3 STREET ADDRESS		136	SEA ISLE CIA	CLE			
CITY-ST-ZIP	DAYTONA BCH: FL-		2.40	ITY-S	T- <i>Z</i> (P	Sou	TH DAYTONA, P.	L . 32	7119		
TITLE	¥	☐ DELETE	3.1 T/			<del></del>	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	DAVIS, CLARENCE		3.2 N	AME							
STREET ADDRESS	11 <del>10 SRD STREET</del>		3.3 ST	REET	ADDRESS	125.	C GOLDEN RYE	DRIVE			
CITY-ST-ZIP	PORT ORANGE FL 82127		3.4. C	ITY-S	T-ZiP	DAYT	C GOLDEN RYE TONA BEACH, FL	32	119		
TITLE		DELETE	4.1 TI	TLE					Change	Addition	
NAME			4. 2 N	AME							
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			4.4 CI	TY-S	r-zip						
TITLE		DELETE	5.1 Ti	TLE					Change	Addition	
NAME			5.2 N	AME							
STREET ADDRESS			5.3 ST	REET	address						
CITY-ST-ZIP			5.4 CI	TY-S	F-ZIP						
TITLE		☐ DELE <b>TE</b>	6.1 TI	TLE					Change	☐ Addition	
NAME			6.2 N	AME							
STREET ADDRESS			6.3 ST	REET	address	ł	•				
CITY-ST-ZIP				1Y-S							
a a I barobu o	ortify that the information cumplied wi	ith this filing does not qualify	for the eve	mnt	ion state	ed in Sect	ion 119 07/3Vi) Florida Statutes	I further co	rtify that the	information	

4. 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.

OLONATURE (O.A.) Start

-C/+ A An Dovo

2/12/90 /9/2 7/1-12/5

CR2E034 (10/97