

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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1995 JAN 20 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra R. Morthern
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **V68333** (6)
1. Corporation Name
SUPERIOR TEMPORARIES, INC.

Principal Place of Business: **71 NW 29 ST
MIAMI FL 33127**

Mailing Address: **1095 SHOTGUN RD
SUNRISE FL 33326
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: **09/28/1992**

3a. Date of Last Report: **02/01/1994**

4. FEI Number: **65-0359778**

5. Certificate of Status Desired: \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1095 Shotgun Road**

2a. Mailing Address: **26 1095 Shotgun Road**

22. City & State: **27 Sunrise FL**

23. City & State: **28 Sunrise FL**

24. Zip: **25 33326** Country: **29 USA** Country: **30**

9. Name and Address of Current Registered Agent
**CADIZ, ANTHONY J.
8000 N FEDERAL HWY
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name: **RICHARD F HERMANNUS**

82 Street Address (P.O., Box Number is Not Acceptable): **1095 Shotgun Road**

83

84 City: **SUNRISE** State: **FL** 85 Zip Code: **33326**

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 607.0905, Florida Statutes.

SIGNATURE: *[Signature]* **RICHARD F HERMANNUS** DATE: **1/12/95**

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HERMANNUS, RICHARD F.
STREET ADDRESS	107 CAMERON CT
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	DV
NAME	ESCARZAGA, WALTER
STREET ADDRESS	391 NE 90TH ST
CITY - ST - ZIP	MIAMI SHORES FL
TITLE	DS
NAME	WILLOCKS, JAMES S.
STREET ADDRESS	22045 AQUILA ST
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LOUIS E SOSCIA	
1.3 STREET ADDRESS	1095 Shotgun Road	
1.4 CITY - ST - ZIP	SUNRISE FL 33326	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]* **RICHARD F HERMANNUS** DATE: **1/9/95** **3054245833**