

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V68333** (6)

1. Corporation Name
SUPERIOR TEMPORARIES, INC.



Principal Place of Business 1095 SHOTGUN ROAD SUNRISE FL 33326 US	Mailing Address 1095 SHOTGUN RD SUNRISE FL 33326-1911 US
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3. Date Incorporated or Qualified 09/28/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 65-0359778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**RICHARD F. HERMANNS
1095 SHOTGUN ROAD
SUNRISE FL 33326**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMANNS, RICHARD F.	1.2 NAME	
STREET ADDRESS	107 CAMERON CT	1.3 STREET ADDRESS	9600 West Sample Rd #404
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCARZAGA, WALTER	2.2 NAME	
STREET ADDRESS	391 NE 80TH ST	2.3 STREET ADDRESS	9600 West Sample Rd #404
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLOCKS, JAMES S.	3.2 NAME	
STREET ADDRESS	22045 AQUILA ST	3.3 STREET ADDRESS	9600 West Sample Rd #404
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSCIA, LOUIS E	4.2 NAME	
STREET ADDRESS	1095 SHOTGUN ROAD	4.3 STREET ADDRESS	9600 West Sample Rd #404
CITY-ST-ZIP	SUNRISE FL 33326	4.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-847

Date

434-344-8355

Daytime Phone #

CR2E034 (9/96)