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**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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/28/1992	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. 9600 West Sample Rd.	4. FEI Number 65-0359778	Applied For Not Applicable
22. City & State	27. 404	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Coral Springs, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. 33065	30. USA	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**RICHARD F. HERMANN'S
1095 SHOTGUN ROAD
SUNRISE FL 33326**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HERMANN'S, RICHARD F.	
STREET ADDRESS	107 CAMERON CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ESCARZAGA, WALTER	
STREET ADDRESS	391 NE 80TH ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WILLOCKS, JAMES S.	
STREET ADDRESS	22045 AQUILA ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOSCIA, LOUIS E	
STREET ADDRESS	1095 SHOTGUN ROAD	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9600 West Sample Rd #404
1.4 CITY-ST-ZIP	Coral Springs, FL 33065
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9600 West Sample Rd #404
2.4 CITY-ST-ZIP	Coral Springs, FL 33065
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9600 West Sample Rd #404
3.4 CITY-ST-ZIP	Coral Springs, FL 33065
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	9600 West Sample Rd #404
4.4 CITY-ST-ZIP	Coral Springs, FL 33065
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: _____ **1-847** **954-344-8325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)