

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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V68333 (6)**  
 1. Corporation Name  
**SUPERIOR TEMPORARIES, INC.**

Principal Place of Business	Mailing Address
1095 SHOTGUN ROAD SUNRISE FL 33326 US	9600 W SAMPLE RD #404 CORAL SPRINGS FL 33065 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 9600 W Sample Rd Suite, Apt. # etc. 22 #404 City & State 23 Coral Springs FL Zip 24 33065	25 26 27 28 29 30

3. Date Incorporated or Qualified	4. FEI Number	Applied For
09/28/1992	65-0359778	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

RICHARD F. HERMANN  
 1095 SHOTGUN ROAD  
 SUNRISE FL 33326

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number's Not Acceptable)  
 83 #404  
 84 Coral Springs FL 85 Zip Code 33065

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: *Richard F. Hermann* 1/14/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMANN, RICHARD F.	1.2 NAME	
STREET ADDRESS	9600 W SAMPLE RD #404	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRGS FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCARZAGA, WALTER	2.2 NAME	
STREET ADDRESS	9600 W SAMPLE RD #404	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRGS FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLOCKS, JAMES S.	3.2 NAME	
STREET ADDRESS	9600 W SAMPLE RD #404	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRGS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSCIA, LOUIS E	4.2 NAME	
STREET ADDRESS	9600 W SAMPLE RD #404	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRGS FL	4.4 CITY-ST-ZIP	
TITLE		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		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Richard F. Hermann* 1/14/98 9:20 3/11/98

CR2E034 (10/97)