

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90070 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000064179

1. Corporation Name
A & S PETROLEUM, CORP.



Principal Place of Business 8709 56TH ST N TEMPLE TERRACE FL 33617 US	Mailing Address 8709 56TH ST N TEMPLE TERRACE FL 33617 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1995

4. FEI Number
59-3331204

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 18215 U.S. 41 N. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 280084 Suite, Apt. #, etc.
22 City & State 23 LUTZ, FL 33549 Zip Country	27 City & State 28 TAMPA, FL Zip Country
24 33549 25 Hillsborough	30 Hillsborough

9. Name and Address of Current Registered Agent
AMOUDI, AHMAD A
8709 56TH ST. N.
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name AHMAD AMOUDI
82 Street Address (P.O. Box Number is Not Acceptable) 18215 U.S. 41 N.
83
84 City Lutz
85 Zip Code FL 33549

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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME AMOUDI, AHMAD A.	
STREET ADDRESS 18812 LANDING POINTE LN #104	
CITY-ST-ZIP TAMPA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME AHMAD AMOUDI	
1.3 STREET ADDRESS P.O. BOX 280084	
1.4 CITY-ST-ZIP TAMPA, FL 33682	
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 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, with all other like empowered.

SIGNATURE: _____ DATE: **3/12/99** DAYTIME PHONE #: **(813) 949-3782**

CR2E034 (1/198)