

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V06749** (8)

1. Corporation Name
33RD STREET TEXACO, INC.



Principal Place of Business: ~~3324 SOUTH ORANGE AVENUE~~
ORLANDO FL 32806-
US

Mailing Address: ~~3324 SOUTH ORANGE AVENUE~~
ORLANDO FL 32806-
US

2. Principal Place of Business
21 **2900 33rd STREET**
Suite, Apt. #, etc.
22
City & State
23
Zip **32805** Country
24
25

2a. Mailing Address
26 **5533 S Orange Blossom Trail**
Suite, Apt. #, etc.
27
City & State
28
Zip **32839** Country
29
30

3. Date Incorporated or Qualified: **01/13/1992**
3a. Date of Last Report: **04/04/1995**

4. FLI Number: **59-3098791**
Applied For: Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
TADDEI, RUBENS
3324 SOUTH ORANGE AVENUE
ORLANDO FL 32806

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **5533 S Orange Blossom Trail**
83
84 City
FL 85 Zip Code **32839**

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 Signatures are not to be notarized)
DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TADDEI, RUBENS	
STREET ADDRESS	3324 SOUTH ORANGE AVENUE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TADDEI, RUBENS	
STREET ADDRESS	3324 SOUTH ORANGE AVENUE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BORRELL, EDGAR	
STREET ADDRESS	3324 SOUTH ORANGE AVENUE	
CITY - ST - ZIP	ORLANDO FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	5533 So. Orange Blossom Tr.	
1.3 STREET ADDRESS	ORLANDO, FL 32839	
1.4 CITY - ST - ZIP		
2.1 TITLE	MARCO TADDEI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5533 So. Orange Blossom Tr.	
2.3 STREET ADDRESS	ORLANDO, FL 32839	
2.4 CITY - ST - ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5533 So. Orange Blossom Tr.	
3.3 STREET ADDRESS	ORLANDO, FL 32839	
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 on an Attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

03/11/96
Date: _____
(407) 851-3796
Daytime Phone: _____

CR2E034 (12/95)