SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

APPROVED AND FILED

95 JUL -3 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **590157** **(4)**

1. Corporation Name

SUNSET AMOCO WEST, INC.

Principal Place of Business	Mailing Address
9701 SUNSET DRIVE MIAMI FL 33173	9701 SUNSET DRIVE MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/17/1978**	3a. Date of Last Report: **01/21/1994**
4. FEI Number: **59-1858438**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. [illegible] ☐	**$5.00** May Be Added to Fees

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
ZIP — 24 / 29
County — 25 / 30

8. This corporation has assets for employee tax under s. 727.503, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PASSMORE, ROBERT
8700 S.W. 72 ST.
MIAMI FL 33173

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: Robert Passmore 6/6/95
(Signature of current or new registered agent) (Date)

12. OFFICERS AND DIRECTORS		13.	
1 TITLE	PD	1 TITLE	☐ Change ☐ Addition
2 NAME	PASSMORE, ROBERT	2 NAME	
3 STREET ADDRESS	27151 S.W. 192ND AVE.	3 STREET ADDRESS	
4 CITY ST ZIP	MIAMI FL	4 CITY ST ZIP	
1 TITLE	SD	1 TITLE	☐ Change ☐ Addition
2 NAME	GRAY, THOMAS	2 NAME	
3 STREET ADDRESS	6840 CONTRA ROAD	3 STREET ADDRESS	
4 CITY ST ZIP	MIAMI FL	4 CITY ST ZIP	
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is complete, accurate and in compliance with Chapter 607, Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: Robert Passmore 6/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CR2E034 (3/95)

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