


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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000071379 (9) 1. Corporation Name SANTA BARBARA FUELS, INC.			
Principal Place of Business 2020 NE 163RD ST SUITE 300 NORTH MIAMI BEACH FL 33162		Mailing Address 2020 NE 163RD ST SUITE 300 NORTH MIAMI BEACH FL 33162	
2. Principal Place of Business 21 7392 RAD10 RD Suite, Apt. #, etc. 22 City & State 23 NAPLES, FL Zip 24 34104 Country 25		2a. Mailing Address 26 2525 NO STATE RD 7 Suite, Apt. #, etc. 27 SUITE 100 City & State 28 HOLLYWOOD, FL Zip 29 33021 Country 30 USA	
9. Name and Address of Current Registered Agent FRIEDMAN, KENNETH A ESQ 2020 NE 163RD ST SUITE 300 NORTH MIAMI BEACH FL 33162		10. Name and Address of New Registered Agent 81 Name LARRY SSAZANT 82 Street Address (P.O. Box Number is Not Acceptable) 83 2525 NO STATE RD 7 84 SUITE 100 City HOLLYWOOD FL 85 Zip Code 33021	
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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <u>LARRY SSAZANT</u> LARRY SSAZANT Jan. 8/98 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAZANT, SHEILA 2020 NE 163RD ST SUITE 300 NORTH MIAMI BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Sheila Sazant 2525 NO STATE RD 7; Suite 100 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FONTECILLA, ISABEL 2020 NE 163 STREET, SUITE 300 NORTH MIAMI BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Fontecilla, Isabel 2525 NO STATE RD 7; Suite 100 HOLLYWOOD FL 33021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAZANT, LARRY S. 2020 NE 163 STREET, SUITE 300 NORTH MIAMI BEACH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Sazant, Larry S. 2525 NO STATE RD 7; Suite 100 HOLLYWOOD FL 33021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>SIG LARRY SSAZANT</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Jan 8/98 954-966-8100 Date Daytime Phone # 0226429	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/28/1994	
4. FEI Number 65-0554131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)