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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000082082**

1. Corporation Name

PHOGRE	essive petroleum unlimi	HED, INC.							
Principal Place of Business Mailing Address						- 1 (BRIKERI IID IBII) 10011 ODRII ODIIE BOIH ORKE IID	IIW IIWII <b>UB</b> i	61 (0)( <b>8</b> (16) 106)	
4891 NO. FEDERAL HWY. POMPANO BEACH FL 33064-6513 POMPANO BEACH FL 33064-6513									
Tomatha partition and the second seco						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 09/22/1997			
Principal Place of Business     2a. Mailing Address						4. FEI Number		pplied For	
21 26						65-0783103		lot Applicable	
Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 Additional	
22 27						<u>v.</u>	Required		
City & Stat	City & State City & State					6. Election Campaign Financing Trust Fund Contribution	ing \$5.00 May Be Added to Fees		
Zip	Country	Zip	Count			8. This corporation owes the current year Intang/ble			
24	25 29 3			0			☑ Yes	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
HOD	GEDS RDIAN A		1	B1	Name				
HODGERS, BRIAN A 1740 N.W. 105 AVE. PEMBROKE PINES FL 33026				82 Street Address (P.O. Box Number is Not Acceptable)					
				_	to a second replacement of the second replac				
				B3					
				84 City FL 85 Zip Code				Code	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	ons of, Section 607.0505, Floric	thorized to da Statut	by thes.	he corporation	oration submits this statement for the purpose of cl n's board of directors. I hereby accept the appoint	nanging it ment as r	s registered egistered	
					signature required	red when reinstating) · · , DATE			
12.	OFFICERS AND DIRECTORS  DP DELETE			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change		
NAME	HODGERS, BRIAN A			E		1 · · · · · · · · · · · · · · · · · · ·	Cliquide	Addition	
	4740 NIM 40E ANE								
STREET ADDRESS	DOMPANO DEACH EL COCCO				ADDRESS	•		İ	
CITY-ST-ZIP	SD DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition	
NAME	HODGERS, BENJAMIN			22 NAME		•			
STREET ADDRESS	4740 1114 405 415		2.3 STREET ADDRESS		ADDDESS		:		
CITY-ST-ZIP	POMPANO BEACH FL 33026			2. 4 CITY- ST-ZIP					
TITLE	DELETE		-	3.1 TITLE			Change	Addition	
NAME			3.2 NAM			للمناوات والماد المستسيعينية والمادات فيتباشون والمجيسين			
STREET ADDRESS			1 .		NDORESS	والمحافظة الراطة واعتي الأم			
CITY-ST-ZIP			3.4. CITY		1		3 \$		
TITLE		☐ DELETE	4.1 TITLE		_	4. 3. 4. 4. 4. 4.	Change	Addition	
NAME			4. 2 NAM				•		
STREET ADDRESS					NDDRESS				

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

□ DELETE

☐ DELETE

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90038 001 \*\*\*150.00

☐ Change

☐ Change

☐ Addition

Addition