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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

276146

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METROPOLITAN FUEL OIL CO

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Principal Place of Business Mailing Address								( 168149 (1811 19419 BIIST 11811 AI	100 Man Millia A.I	)	(4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4	
7962 N.W. 14TH STREET MIAMI FL 33126			7962 N.W. 14TH STREET Miami Fl 33126									
								Date Incorporated or Qualified 12/03/1963	3a. Date	of Last Re <b>5/01/1</b> 8		
2. Principal Pla	ce of Business	-	Mailing Address				4.	FEI Number			Applied For	
21		26	0:11:	<del></del>				59-1025919			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Zip	Country	11	Zip	Cou	ntry		8.	This corporation has liability for Florida Statutes	intangible tax			
24	25 9. Name and Address of Curre	29	ered Agent	30			10	Name and Address of New F		gent		
	9. Name and Address of Corre	in negist	SIEG ABOIL		81	Name		110110 0110 111011	3			
KREEE	tz, kenneth				82		/D	.O. Box Number is Not Acceptab	le)			
7962 NW 14TH STREET					02	Street Addre	755 (F	O. DOX NUMBER IS NOT ACCOPTAGE				
	FL 33126				83							
				:	84	City				85 Zij	p Code	
		1007	4500 Florido Dist. 4	a dia aba		anned compare	ation e	whealth this statement for the nu	FL	nging its t	ragistared office	
or registere	o the provisions of Sections 607.050 agent, or both, in the State of Flor	rida. Such	change was authorize	s, the abo ed by the c	ve-r orp	named corpora oration's board	ation s d of d	submits this statement for the pullirectors. I hereby accept the app	ointment as i	registered	I agent. I am	
familiar with	h, and accept the obligations of, Sec	ction 607.0	505, Florida Statutes.									
SIGNATURE _	Signature, typed or printed name of registered age	of and title if a	iplicable. (NOT	E Registered	Agen	nt signature required	when n	einstating)	DATE			
12.	OFFICERS AI		TORS	13.				ADDITIONS/CHANGES TO OFF				
TITLE	PD		☐ DELETE	1. 1 Ti	TLE				L	] Change	☐ Addition	
NAME	KREFETZ,KENNETH			1.2 N/								
STHEET ADDRESS	7962 NW 14TH STREET					ADDRESS						
CITY-S1-ZIP THILF	MIAMI FL		[ ] DELETE	1.4 Ci		5T - ZIP			<u>-</u> -	7 Change	Addition	
NAME			Поселе	2.2 N					_			
STREET ADDRESS						ADDRESS						
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NAMÉ				4.2 N								
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NAME				5.2 N		r Annorce					ĺ	
STREET ADDRESS						ADDRESS					ĺ	
CHY-SI-ZIP			☐ DELETE	540 61T		ST - ZIP			Г	Change	Addition -	
TITLE			[] occur	62 N					_		_	
NAME cross Laborese						T ADDRESS						
STREET ADORESS CITY-ST-ZIP						ST-ZIP						
CHT-51-70°	,			■ U7 U		e - 1671						

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 13 if changed or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (305-594-7876)