05101999-90174-036-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine daris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 582600

SIGNATURE:

MILTON'S SERVICE STATION, INC.

		2011 211				I IODROJ BEIRI EDEJE ARBIO DELEK	Dill Fry Bith B	HOLL CURIT BLOW	OTONE BIRTH FOOT
	e of Business	Mailing Address							
404 N FEDERA		404 N FEDERAL HWY BOYNTON BEACH FL (13435						
BOYNTON BEACH FL 33435 US		US					RITE IN THIS	SPACE	
•						3. Date incorporated or Qualife 08/17/1978	d		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		<u> </u>	polied For
11		26				59-1838735			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	te.	City & State	-~	-	_	- 6-Election Campaign Financin	u 🗆		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	_	untry		8. This corporation owes the ca	irrent year Int	langible ☐ Yes	□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New	Penistered		<u> </u>
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New	Legisterati	whan	
ADC	OCTOLODOLII OC MILTON			"	Rame				
APOSTOLOPOULOS, MILTON 163 DUKE DR.				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
LAK	E WORTH FL 33409			83					
				84	City		FL	85 Zip	Code
	to the provisions of Sections 607.05			بب		moration cubmits this statement for the	e numose of	changing it	registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	NA FIAMA SUCO COBOOR W	is aurinonzai	0 DV L	rie curoora	ation's board of directors. I hereby acc	ept the appoi	intment as n	ogistel ou
office or i	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida, Such change wa ations of, Section 607,0505,	Florida Stat OTE: Registered	tutes.	ine curpora	ured when relationing)	DATE		
office or a agent. I a	registered agent, or both, in the State am familiar with, and accept the obligi Stgreture, typed or printed name of registered ag- OFFICERS A	of Florida. Such change Wa ations of, Section 607.0505, ent and lide Wappicable. (F ND DIRECTORS	Florida Stat OTE: Registered 13.	d Agent	ine curpora	HIGH & BOSIN OF CHECKIS. THOUSEN	DATE	ND DIRECT	ORS IN 12
office or a agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation of registered agent OFFICERS A:	of Florida, Such change with ations of, Section 607.0505, set and late # applicable. ND DIRECTORS	Florida Stat OTE: Registered 13.	d Agent	ine curpora	ured when relationing)	DATE		ORS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or private name of registered agent the oblight of the obl	of Florida, Such change with ations of, Section 607.0505, set and late # applicable. ND DIRECTORS	Florida Stat OTE: Registered 13. 1.1 TI 1.2 N	d Apent	signature requ	ured when relationing)	DATE	ND DIRECT	ORS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or printed name of registered agent the obliging of the obli	of Florida, Such change with ations of, Section 607.0505, set and late # applicable. ND DIRECTORS	Florida Stat OTE: Registered 13. 1.1 TI 1.2 NI 1.3 S	d Apart	signature requ	ured when relationing)	DATE	ND DIRECT	ORS IN 12
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-2P	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or printed name of registered agent to officers A OFFICERS A POSTOLPOULOS, MILITADIS 163 DUKE DR. LAKE WORTH FL	of Florida, Such change will alions of, Section 607.0505, set and late if applicable. ND DIRECTORS DELETE	Florida Stat OTE: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C	d Agent TILE TAME	signature requ	ured when relationing)	DATE	VD DIRECT	ORS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or printed neare of registered agent the oblig: OFFICERS A: PD APOSTOLPOULOS, MILITADIS 163 DUKE DR. LAKE WORTH FL. VD	of Florida, Such change with ations of, Section 607.0505, set and late # applicable. ND DIRECTORS	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI	d Apart TILE TREET	signature requ	ured when relationing)	DATE	ND DIRECT	ORS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or printed neare of registered agent the oblig: OFFICERS A: PD APOSTOLPOULOS, MILITADIS 163 DUKE DR. LAKE WORTH FL VD APOSTOLOPOULOS, ARGIRY	of Florida, Such change will alions of, Section 607.0505, set and late if applicable. ND DIRECTORS DELETE	13. 1.1 T 12 N 1.3 S 1.4 C 1.1 T 1.2 N 1.3 S 1.4 C 1.1 T 1.3 S 1.4 C 1.3 S 1.4	d Agent TILE TREET	signature requirements ADDRESS	ured when relationing)	DATE	VD DIRECT	ORS IN 12
Office or a agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or printed name of registered agent the oblig: OFFICERS A: PD APOSTOLPOULOS, MILITADIS 163 DUKE DR. LAKE WORTH FL VD APOSTOLOPOULOS, ARGIRY 163 DUKE DR.	of Florida, Such change will alions of, Section 607.0505, set and late if applicable. ND DIRECTORS DELETE	13. 1.1 TI 12 N. 1.3 S 1.4 G 2.1 TI 22 N. 2.3 S	d Admit	ADDRESS ADDRESS	ured when relationing)	DATE	VD DIRECT	ORS IN 12
office or a agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad name of registered agent the oblig: OFFICERS A: PD APOSTOLPOULOS, MILITADIS 163 DUKE DR. LAKE WORTH FL VD APOSTOLOPOULOS, ARGIRY 163 DUKE DR. LAKE WORTH FL	of Florida, Such change will alions of, Section 607.0505, set and late if applicable. ND DIRECTORS DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C	d Abunt TILE IAME TILE ITLE ITLE ITLE ITLE ITLE ITTLE I	ADDRESS ADDRESS	ured when relationing)	DATE	VD DIRECT	ORS IN 12 Additio
Office or a agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad name of registered agent to OFFICERS AT OF	of Florida, Such change wations of, Section 607.0505, ent and late if applicable. ND DIRECTORS DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 1.5 S 1.7 C 2.1 TI 2.5 S 2.4 C 3.1 TI 1.5 S 2.5 S 2.5 S 2.4 C 3.1 TI 1.5 S 2.5 S	d Admit TILE MANE STREET, STREET, CITY-ST	ADDRESS ADDRESS	ured when relationing)	DATE	ND DIRECTI Change	ORS IN 12 Additio
office or a agent. I at agent. I at agent. I at a signature the street address city-st-zip title name street address city-st-zip title name street address city-st-zip title name	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad name of registered agent processors and processors are processors are processors are processors are processors and processors are processors are processors are processors and processors are processo	of Florida, Such change wations of, Section 607.0505, ent and late if applicable. ND DIRECTORS DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.2 N	d Apart d Apart ittle iAME treet, ittle iAME treet, ittle iAME treet, ittle iAME treet, ittle iAME	ADDRESS - ZIP - ADDRESS - J. ZIP	ured when relationing)	DATE	ND DIRECTI Change	ORS IN 12 Additio
Office or a agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad name of registered agent to open the oblig: OFFICERS A: PD APOSTOLPOULOS, MILITADIS 163 DUKE DR. LAKE WORTH FL VD APOSTOLOPOULOS, ARGIRY 163 DUKE DR. LAKE WORTH FL SD APOSTOLOPOULOS, IRENE 5705 SO OLIVE AVENUE	of Florida, Such change wations of, Section 607.0505, ent and late if applicable. ND DIRECTORS DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.3 S	d Apart d Apart ittle iAME treet, ittle iAME treet, ittle iAME treet, ittle iAME treet, ittle iAME	ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ADDRESS	ured when relationing)	DATE	ND DIRECTI Change	ORS IN 12 Additio
office or a agent. I as signature 12. Title NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad name of registered agent processors and processors are processors are processors are processors are processors and processors are processors are processors are processors and processors are processo	of Florida, Such change wations of, Section 607.0505, ent and late if applicable. ND DIRECTORS DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C	ITLE ITTLE I	ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ADDRESS	ured when relationing)	DATE	ND DIRECTI Change	
Office or a agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad neare of registered agent to officers A. PD APOSTOLPOULOS, MILITADIS 163 DUKE DR. LAKE WORTH FL. VD APOSTOLOPOULOS, ARGIRY 163 DUKE DR. LAKE WORTH FL. SD APOSTOLOPOULOS, IRENE 5705 SO DUVE AVENUE W. PALM BEACH FL.	of Florida, Such change waations of, Section 607.0505, ext and late # applicable. (F ND DIRECTORS DELETE DELETE	13. 1.1 TI 12 N 13.5 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 32 N 3.3 S 4. C 4.1 TI	ITLE ITTLE I	ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ADDRESS	ured when relationing)	DATE	Change	ORS IN 12 Additio
Office or a agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad name of registered agent processors. PD APOSTOLPOULOS, MILITADIS 163 DUKE DR. LAKE WORTH FL VD APOSTOLOPOULOS, ARGIRY 163 DUKE DR. LAKE WORTH FL SD APOSTOLOPOULOS, IRENE 5705 SO OLIVE AVENUE W. PALM BEACH FL TD APOSTOLOPOULOS, ROUBIN	of Florida, Such change waations of, Section 607.0505, ext and late # applicable. (F ND DIRECTORS DELETE DELETE	13. 1.1 TI 12.N 1.3 S 1.4 C 1.1 TI 22.N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N	ITLE ITTLE I	ADDRESS - ZIP - ADDRESS - ADDRESS - ADDRESS - ADDRESS	ured when relationing)	DATE	Change	ORS IN 12 Additio
Office or a agent. I at agent. I at agent. I at a signature the street address city-st-2ip title name	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad neons of registered agent to open the oblig: OFFICERS A: PD APOSTOLPOULOS, MILITADIS 163 DUKE DR. LAKE WORTH FL VD APOSTOLOPOULOS, ARGIRY 163 DUKE DR. LAKE WORTH FL SD APOSTOLOPOULOS, IRENE 5705 SO OLIVE AVENUE W. PALM BEACH FL TD APOSTOLOPOULOS, ROUBIN	of Florida, Such change waations of, Section 607.0505, ext and late # applicable. (F ND DIRECTORS DELETE DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 1.1 TI 22 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	ITLE ITTLE I	ADDRESS - ZP - ADDRESS	ured when relationing)	DATE	Change	ORS IN 12 Additio
Office of a agent. I at agent. I at agent. I at agent. I at a street address city-st-2p title name street address street	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad neons of registered agent to open the oblig: PD APOSTOLPOULOS, MILITIADIS 163 DUKE DR. LAKE WORTH FL VD APOSTOLOPOULOS, ARGIRY 163 DUKE DR. LAKE WORTH FL SD APOSTOLOPOULOS, IRENE 5705 SO OLIVE AVENUE W. PALM BEACH FL TD APOSTOLOPOULOS, ROUBIN 183 HARVARD DRIVE	of Florida, Such change waations of, Section 607.0505, ext and late # applicable. (F ND DIRECTORS DELETE DELETE	13. 1.1 TI 12.N 1.3 S 1.4 C 1.1 TI 22.N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 4.2 N 4.3 S 5.1 TI 4.2 N 5.2 N 5.1 TI 4.2 N 5.2 TI 4.2 N 5.2 TI 4.2 N 5.2 TI 4.2 N 5.2 TI 4.2 TI 4.2 N 5.2 TI 4.2 TI 4.2 TI 4.2 TI 4.2 TI 4.2 TI 4.2 T	ITLE ITTLE IAME STREET. ITTLE IAME ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE	ADDRESS - ZP - ADDRESS	ured when relationing)	DATE	Change	ORS IN 12 Additio
office of a agent. I as signature 12. Title NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad neons of registered agent to open the oblig: PD APOSTOLPOULOS, MILITIADIS 163 DUKE DR. LAKE WORTH FL VD APOSTOLOPOULOS, ARGIRY 163 DUKE DR. LAKE WORTH FL SD APOSTOLOPOULOS, IRENE 5705 SO OLIVE AVENUE W. PALM BEACH FL TD APOSTOLOPOULOS, ROUBIN 183 HARVARD DRIVE	of Florida. Such change wations of, Section 607.0505, set and lefe if applicable. (f. ND DIRECTORS DELETE:	13. 1.1 TI 12.N 1.3 S 1.4 C 1.1 TI 22.N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N	ITLE ITTLE IAME STREET. ITTLE IAME STREET. ITTLE IAME	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP	ured when relationing)	DATE	Change	ORS IN 12 Additio
Office or a agent. I as agent. I as agent. I as signature to the street address city-st-2p title name street address city-st-zp title name street address city-st-zp title name	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad name of registered agent prinad name of prinad name o	of Florida. Such change wations of, Section 607.0505, set and lefe if applicable. (f. ND DIRECTORS DELETE:	13. 11TT 12 N 1.3 S 1.4 C 1.5 1.1 T 1.2 N 1.3 S 1.4 C 1.5 1.1 T 1.5 2 N 1.5 3 S 1.5	ITLE ITTLE I	ADDRESS - ZP	ured when relationing)	DATE	Change	ORS IN 12 Addition Addition
Office of a agent. I at agent. I at agent. I at agent. I at a sign	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad name of registered agent prinad name of prinad name o	of Florida. Such change wations of, Section 607.0505, ent and late # applicable. (F. ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TI 12.N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N	d Agent TITLE LAME STREET, TITLE LAME	ADDRESS - ZP	ured when relationing)	DATE	Change Change	ORS IN 12 Additio
Office of a agent. I at agent. I at agent. I at agent. I at a street address city-st-zip title name street address street ad	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad name of registered agent prinad name of prinad name o	of Florida. Such change wations of, Section 607.0505, set and lefe if applicable. (f. ND DIRECTORS DELETE:	13. 1.1 TI 12.N 1.3 S 1.4 C 1.1 TI 22.N 1.3 S 1.4 C 1.	ITLE ITTLE	ADDRESS - ZP	ured when relationing)	DATE	Change	ORS IN 12 Addition Addition Addition
Office or a agent. I as signature 12. Title NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-ZP	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad name of registered agent prinad name of prinad name o	of Florida. Such change wations of, Section 607.0505, ent and late # applicable. (F. ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TI 12.N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C	ITLE AME ATTREET ATTRE	ADDRESS - ZIP	ured when relationing)	DATE	Change Change	ORS IN 12 Additio
Office or a agent. I as signature 12. Title NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or prinad name of registered agent. PD APOSTOLPOULOS, MILITADIS 163 DUKE DR. LAKE WORTH FL VD APOSTOLOPOULOS, ARGIRY 163 DUKE DR. LAKE WORTH FL SD APOSTOLOPOULOS, IRENE 5705 SO OLIVE AVENUE W. PALM BEACH FL TD APOSTOLOPOULOS, ROUBING 183 HARVARD DRIVE LAKE WORTH FL	of Florida. Such change wations of, Section 607.0505, ent and late # applicable. (F. ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TI 12.N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 6.3 TI 6.2 N 6.3 S	ITLE AME ATTREET ATTRE	ADDRESS - ZIP ADDRESS - ZIP	ured when relationing)	DATE	Change Change	ORS IN 12 Additio

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90174 036 ***150.00