

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995. AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

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. Northrup
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/17/1978** 3a. Date of Last Report **01/21/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1858438** Applied For Not Applicable

21. State, Apt. #, etc. 2b. State, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 2c. City & State

6. **\$5.00 May Be Added to Fees**

24. Zip 25. Locality 29. Zip 30. Locality

8. This corporation has liability for enterprise tax under s. 197.002, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Robert Passmore*

6/6/95

12. OFFICERS AND DIRECTORS		13.	
NAME	PD PASSMORE, ROBERT 27151 S.W. 192ND AVE. MIAMI FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SD GRAY, THOMAS 6840 CONTRA ROAD MIAMI FL	12. NAME	
CITY & STATE		13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		14. CITY & STATE	
NAME		15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		16. NAME	
CITY & STATE		17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		18. CITY & STATE	
NAME		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		20. NAME	
CITY & STATE		21. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		22. CITY & STATE	
NAME		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		24. NAME	
CITY & STATE		25. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		26. CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I have read and understand the provisions of the Florida Statutes and the rules of the Department of State, and I have signed this statement as a director or officer of the corporation or the receiver or trustee designated to receive this report as required by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *Robert Passmore*
DO NOT SIGN AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/95

CR2E034 (3/95)