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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 820144

(4)

BILLUPS EASTERN PETROLEUM COMPANY

Principal Plac	ce of Business	Mailing Address				- 1 180884 IBIJO 1104 BOTOF ILBIT BIOTE BYDY QUOTE DIGHT BYDA QLEAT QUOTE BADA 1801				
P O BOX 511 1 HESS PLAZA		P O BOX 511 1 HESS PLAZA	1 HESS PLAZA							
WOODBRIDGE NEW JERSEY 07095		Woodbridge New Jersey	WOODBRIDGE NEW JERSEY 07095-1229			3. Date Incorporated or Qualified			leport	
	Place of Business	2a. Mailing Address				4. FEI Number		***************************************	pplied For	
21		26	- 			22-1822366 Not Applica			ot Applicable	
Suite, Apt. #, etc 22		Suite, Apt. #, etc.	-			5. Certificate of Status Desired		•	Additional equired	
City & State 23		City & State	 			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Count	ry		8. This corporation has liability for Florida Statutes			······	
	9. Name and Address of Curr					10. Name and Address of New Re				
CT C	CORPORATION SYSTEM		6	1	Name					
1200 S. PINE ISLAND RD PLANTATION FL 33324			8	2	Street Address (P.O. Box Number is Not Acceptable)					
	11/1/10/11/10 00024		8	3						
			8	4	City		Fi	85 Zip	Code	
Diffice or /	redistered agent, or born, in the Sta	ite of Florida. Such chande was ai	uthonzed l	nu t	named corp	oration submits this statement for the pon's board of directors. I hereby acception	ourpose of	of changing it pointment as	is registered	
agent La SIGNATURE	nm familiar with, and accept the obl	igations of, Section 607.0505, Flor	rida Statut	es.	·	,				
	Stignature, type diox profest came of regedered a		Registered A	geni	l signature require	ed when reinstating)	DATE			
12.	T =	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN			
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NAME	FRIEDMAN, D E		1.2 NAMI							
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DITY ST-7:P	TYOUDDRIDGE NO	DELETE	1.4 CITY 2.1 TITLE		- ZIP			Change	Addition	
NAME		Fred DEELE	2.1 HILE 2.2 NAME					triange	Monitori	
STREET ADDRESS			2.3 STRE		UDBEGG	₩ 1.				
CITY-ST-ZIF			2. 4 CITY							
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CITY-ST-ZIF			4.4 CITY							
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Cifit - ST- ZiP			5.4 CITY	·\$T-	ZIP					
TI™L f		☐ DELETE	6.1 TIFLE					Change	Addition	
NAME:			6.2 NAME	Ξ						
STREET ADDRESS			6.3 STRE	et ai	DDRESS					
C(Tr) ST- ZIP			6.4 CITY							
miormatio Lamian o	on Indicated on this acquat report o	r supplemental arinual report is tru or the receiver or trustee empowe	ue and acc ered to exe	CLIES	ate and that i	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega as required by Chapter 607, Florida S	I offect o	e if made un	dor oath: that	