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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F68268

(4)

AMERICAN PETROLEUM DELIVERY CORPORATION

FILED Apr 03 1997 8:00am Secretary of State



riocinal Place	e of Business	Mailing Address				#1 (8): BI#11 BIB		
720 NW 55TH	I COURT	644 S. E. 4 AVENUE						
ort lauder Js	RDALE FL 33309	FORT LAUDERDALE FL S	3301-3102					
,,,					3. Date incorporated or Qualif 02/23/1982		Date of Last 3/26/1996	
Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	*****	4. FEI Number			Applied For
<u> </u>		26			59-2201471			Not Applicabl
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	ı 🗆		Additional Regulred
City & Stat	6	City & State			6. Election Campaign Financir	na		May Be
1		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability			s. 199.032,
	25	29	30		Florida Statutes	Yes		
	9. Name and Address of Curren	t Registered Agent		T = .	10. Name and Address of Ne	w Registere	d Agent	
	lden, e. scott		81	Name				
	I SE 4TH AVE.		82	Street Add	ress (P.O. Box Number is Not Acce	eptable)	,	
FT.	LAUDERDALE FL 33301		-					
			83	}				
			84	City			85 Zi	p Code
	to the provisions of Sections 607 050 registered agent, or both, in the State am familiar with, and accept the obligi			<u> </u>		F	-	
SENIATIAES:								
	Signature hypother printed hand of registered ago	·····		ent signature requi	alred when reinstating)	DATE	ND DIRECTO	OBS IN 12
	OFFICERS AN	D DIRECTORS	13.	ent signalure requi	ired when rainstating) ADDITIONS/CHANGES TO C		ND DIRECTO	
	OFFICERS AN	·····	13. 1.1 TITLE	ent signature requi				
LE	OFFICERS AN PST STREICHER, STANLEY H.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME					
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4. To othereby certify that the limit and propriet with this time and accurate and that my signature shall have the same legal effect as if made under oath; the Larra an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or or an attachment with an address.

SIGNATURE:

ONURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Ptione #

Date