FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F77556

(1)

Mailing Address

AMERICAN PROPANE, INC.

FILED Apr 04 1997 8:00am Secretary of State



1241 N.E. 210 TERRACE MIAM! FL 33179		1241 N.E. 210 TERRACE MIAMI FL 33179-2028					
					3. Date Incorporated or Qualified 04/23/1982	3a. Date of Last R 04/25/1996	eport
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Aş	oplied For
21		26			59-2212194	No	ot Applicable
Suite, Apt	# etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29	Coun	try	8. This corporation has tiability for i	ntangible tax under s	. 199.032,
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KOF	ILER, JOHN W.		1	1 Name			
1241 NE 210 TERRACE			-	<u> </u>	(DO D. M		
MIA			Street Ad	Idress (P.O. Box Number is Not Acceptab	le)		
				3			
			Ī	4 City	***************************************	FL 85 Zip	Code
agent La	rn familiar with, and accept the o	obligations of, Section 607.0505, F	lorida Statu	les.	orporation submits this statement for the pration's board of directors. I hereby acceptions the properties of the proper	DATE	
12.		AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
1171.	PD	☐ DELETE	1.1 1170	E [Change	Addition
MAMi	Kohler, John W.		1.2 NAN	IE.			
\$TRELF ADURESS	1241 NE 210 TERRACE		1.3 STR	ET ADDRESS			
CITY+ST-2iF	MIAMI FL		1.4 CITY	-ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITL	E		Change	Addition
NAME	KOHLER, RANDALL J.		2 2 NAM	IE ,			
STREET AUDRESS	1241 NE 210 TERRACE		23 STR	ET ADDRESS			
CITY+\$1+7P	MIAMI FL			r-ST-ZIP			
THILE		☐ DELETE	3.1 TITL			Change	Addition
NAMC			3.2 NAN	1			
STREET ADDRESS			1	ET ADDRESS			
CHY-ST-ZIP THEE		DELETE	3.4. CIT 4.1 T/TL	r-ST-ZIP		Change	Addition
			4.1 IIIL			L. Citalige	L Rudillo
NAME Cama Montage			ſ	EET ADDRESS			
STREE ACORESS COTY ST ZIE				-ST-ZIP			
101LE		DELETE	5.1 TiTu			Change	Addition
MAME			5.2 NAS				**
STREET ADDRESS			4	EET ADDRESS			
CHY ST-7P				-ST-ZiP			
1:01 F	e commente en al la septimiente en esta del persona commenda del	☐ DELETE	6.1 TITL			Change	Additio
NAME			6 2 NA	IE I			
STREET ASSUME (S.)			6.3 STR	EET ADDRESS			
City - St - Zip			6.4 CIT	-ST-ZIP			
araga garagan garan aran a g					11: 0 - 11: 0 07(0)(1) Fr. 11: 0: 1		

I. I do hereby cortfy that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13 if changed, or on an attainment with an address.

SIGNATURE:

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR W. KOHLER DE DOR