

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:26

DOCUMENT # F93000004408 (1)

1. Corporation Name

KRYSTAL GAS MARKETING COMPANY

Principal Place of Business

485 FRONTAGE ROAD  
BURR RIDGE IL 60521

Mailing Address

485 FRONTAGE ROAD  
BURR RIDGE IL 60521

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/27/1993  
3a. Date of Last Report 10/31/1994

4. FEI Number 36-3701599  
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 7804 College Dr.  
Suite, Apt. #, etc. 22 1-510  
City & State 23 Palos Heights IL  
Zip 24 60463 County 25 Cook

2a. Mailing Address  
26  
Suite, Apt. #, etc. 27 SAME  
City & State 28  
Zip 29  
Country 30

9. Name and Address of Current Registered Agent

LARUE, JIM  
7715 BROADMOOR PINES BLVD.  
SARASOTA FL 34243

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Jim Larue*

(NOTE: Registered Agent signature required when reappointing)

DATE 1/20/95

12. OFFICERS AND DIRECTORS

TITLE	DCPT
NAME	GODINES, ABEL
STREET ADDRESS	485 FRONTAGE RD.
CITY - ST - ZIP	BURR RIDGE IL 60521
TITLE	VP
NAME	ROSENFELD, PHILIP
STREET ADDRESS	485 FRONTAGE RD.
CITY - ST - ZIP	BURR RIDGE IL 60521
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an addendum with an address.

SIGNATURE: *Philip Rosenfeld*  
SIGNATURE OF OFFICER OR DIRECTOR

DATE 1/20/95 (1/105/201.5600)