FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F95000006010 (1)

1. Corporation Name

ALLIED OIL COMPANY

Principal Place of Business

100 CENTRAL AVE
HILLSIDE NJ 07205

Mailing Address

100 CENTRAL AVE
HILLSIDE NJ 07205

3. Date Incorporated or Qualified: **12/11/1995**

3a. Date of Last Report:

4. FEI Number: **22-1824782**

☐ 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

Suite, Apt. #, etc.

22

City & State

23

Zip 24 Country 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 Country 30

9. Name and Address of Current Registered Agent

AKERMAN SENTERFITT & EIDSON, P.A.
216 S. MONROE ST., #200
TALLAHASSEE FL 32302

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 Section 607.0502 and 617.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	EISENBUD, BURTON		1 NAME	
STREET ADDRESS	454 PROSPECT AVE.		1 STREET ADDRESS	
CITY-ST-ZIP	WEST ORANGE NJ 07052		1 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	EISENBUD, GARY		2 NAME	
STREET ADDRESS	23 TREMONT TERRACE		2 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ 07039		2 CITY-ST-ZIP	
TITLE	SDC	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	EISENBUD, LEONARD		3 NAME	
STREET ADDRESS	57 RUTHERFORD RD.		3 STREET ADDRESS	
CITY-ST-ZIP	BERKELEY HEIGHTS NJ 07922		3 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	LEVINE, BARRY		4 NAME	
STREET ADDRESS	22 HICKORY DR		4 STREET ADDRESS	
CITY-ST-ZIP	MAPLEWOOD NJ 07040		4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 attachment with an address.

SIGNATURE: Barry Levine 4/25/96 908-965-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)