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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

G74199

S & G SHELL, INC.

## **FILED** Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 817 S FEDERAL HWY 817 S FED HWY FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2350248 26 Not Applicable 21 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5,00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year intangible □ Ño 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MOFORIS, GEORGE STAV ROS MotoRis 817 S.FEDERAL HWY. Street Address (P.O. Box Number is Not Acceptable) 82 FORT LAUDERDALE FL 33316 edenal **R3** Zip Code 333/6 8 City 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 eagent, 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 me of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1,1 TITLE MOFORIS, GEORGE 1.2 NAME NAME **4001 N. 44TH AVENUE** STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE Parsintent MOFORIS, STAVROS 2.2 NAME STAUROS MOFORIS **4001 N. 44TH AVENUE** STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 2,4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 THTLE Change ☐ Addition TELLE NAME MOFORIS, PAOLA 3.2 NAME 4001 N. 44TH AVENUE 3.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition Change 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE . Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with his 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 occurrence of the corporation or the occurrence of the corporation or the occurrence of the corporation of the occurrence of the corporation of the occurrence occurrence of the occurrence occ

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