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

PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

(1998		D	IVISION OF	CORPORAT	IONS		Secretary	y Ol	Sta	le
	MENT #	H0377	_	(7)	Îţ		_				
A & S OIL RECOVERY OF FLORIDA, INC.								 		1 SLB11 81815 B161	II 10 (11) (12)
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Principal Place of Business Malling Address					- 11			E LANGULL NGTA NEIBO ASTRI TANGA PURTU B I	\$ 0(1) BIL	r dynyf âlull Aftr	I B)\$11 (AB)
4601 8TH AVI		1097 62ND TERRACE S.									
US US	IURG FL 33711	ST. PETERSBURG FL 33705 US					DO NOT WRIT	E IN THIS	SPACE		
								3. Date Incorporated or Qualified	,		
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				05/16/1984 4. FEI Number	-, -		polied For	
21			26]	59-2410214			ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
City & State			City & State						Fee Re		
23		28	├ ─ '				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	` 			Zip				8. This corporation owes or has paid the current year Intan			
24	25 g. Name and Address of Curren			29 30 30				Personal Property Tax due Jun- 10. Name and Address of New R			1 No
AM	IARAL, FRANK	ridarda di Garie	ant riogiotorou pag		IV. Hamo distributous es item in	3,0.0.0					
1097 62ND TERRACE SOUTH							Addres	ss (P.O. Box Number is Not Accepta	ble)		
ST. PETERSBURG FL						<u> </u>					
}					8	3 			·		1
						\$ City			FL	85 Zip	Code
11. Pursuant	to the provisions	of Sections 607.05	ation submits this statement for the			s registered					
agent. 1 a	egistered agent, ım familiar with, a	or both, in the Stat nd accept the oblig	gations of, Section	607.0505, Fi	orida Statut	ss.	oration	ation submits this statement for the n's board of directors. I hereby acce	pt the ap	oointment as	registered
SIGNATURE	Circolina board as ade	stad name of reviolered ex	gent and title if applicable	Mor	E. Poolstored &	nost elanabura	roduland	when reinstating)	DATE		[
12.	Signature types or pile		ND DIRECTORS	(10)	13.	con aignoture	Toquied	ADDITIONS/CHANGES TO OFFI		D DIRECTOR	S IN 12
TITLE	D		L	DELETE	1.1 TITLE				1	Change	Addition
NAME	AMARAL, FF			1.2 NAME 1.3 Street add							ļ
STREET ADDRESS	ST. PETERSBURG FL.										
TITLE	DV	OUTO TE		DELETE	1.4 CITY- 2.1 TITLE	31-21	<u> </u>		1	Change	Addition
NAME	AMARAL, JU				2.2 NAME	: (ļ
STREET ADDRESS	1097 62ND				2.3 \$TRE	ET ADDRESS					}
CITY-ST-ZIP TITLE	ST. PETERS	BURG FL		DELETE	2, 4 CITY 3,1 TITLE	-ST-ZIP			- ₁	☐ Change	☐ Addition
NAME					3.7 FILE					- origings	
STREET ADDRESS	1					T ADDRESS					Í
CITY-ST-ZIP					3.4. CITY	-ST-ZIP					
TITLE				DELETE	4.1 TITLE)			1	Change	Addition
NAME					4. 2 NAM	ì					
STREET ADDRESS						T ADDRESS					{
CITY-ST-ZIP TITLE				DELETE	4.4 CITY - 5.1 TITLE				1	Change	Addition
NAME					5.2 NAME	ļ.				-	J
STREET ADDRESS					5.3 STREI	T ADDRESS					
CITY - ST - ZIP				T por	5.4 CITY	$\overline{}$	<u> </u>				1
TETLE			L.	DELETE	6.1 TITLE	ĺ			"	☐ Change	Addition
NAME STREET ADDRESS					6.2 NAME	T ADDRESS					}
CITY ST. 7D						et_7ID					

14. I hereby certify 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 13 if changed, or on an attachment with an address.

SIGNATURE: