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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90051 040 \*\*\*150.00

## DOCUMENT # H03774

A & S. OIL RECOVERY OF FLORIDA, INC.

Principal Place	e of Business	Mailing Address		"		Dit bibt bibtt gibil Bibti bibit glett bibtt bast
4601 8TH AVE.	.S.	1097 62ND TERRACE	S.			
ST. PETERSBURG FL 33711 ST. PETERSBURG FL 337		33705			TE IN THIS SPACE	
US		US			Date Incorporated or Qualifed	TE IN THIS SPACE
•					05/16/1984	
9 Driverine D	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
	lace of business	26			59-2410214	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	□ \$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	гу	. 8. This corporation owes the curr	
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current				10. Name and Address of New F	Registered Agent
		•	8	1 Name		
AMA A S ANO	ARAL, FRANK 7 62ND TERRACE SOUTH	1 Haft.	8	2 Street Add	ress (P.O. Box Number is Not Accepta	able)
			Ļ		***************************************	The term of the second
51.	PETERSBURG FL	•	8	3		
}			18	4 City		85 Zip Code
1500 G1 1111				<u> </u>		FL   j
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida: Such change w	as aumonzeo d	ov ine corporau	poration submits this statement for the ion's board of directors. I hereby accep	purpose of changing its registered of the appointment as registered
ਹੀ agent. I a	arn familiar with, and accept the obligat	tions of, Section 607.0505	, Florida Statute	es.		
SIGNATURE						DATE
	Signature, typed or printed name of registered agen					
42		· · · · · · · · · · · · · · · · · · ·	<u> </u>	jent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OF	
12. ,	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition
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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 of 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/98 813 321.2602
Date Daytime Phone #