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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H78170 (8)

1. Corporation Name
FLORIDA FUELS, INC.

Principal Place of Business
3265 MERIDIAN PARKWAY
SUITE 134
FT. LAUDERDALE FL 33331

Mailing Address
3265 MERIDIAN PARKWAY
SUITE 134
FT. LAUDERDALE FL 33331-3506



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 09/27/1985	3a. Date of Last Report 03/15/1996
4. FEI Number 06-1151029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBEVOISE, CHARLES R.	1.2 NAME	
STREET ADDRESS	34 LUDLOW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPPAQUA NY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOST, STIG	2.2 NAME	
STREET ADDRESS	38 KEOFFERAM RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	2.4 CITY-ST-ZIP	
TITLE	PC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATHROP, DOUGLAS R.	3.2 NAME	
STREET ADDRESS	22828 HORSESHOE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNKER, TODD W.	4.2 NAME	
STREET ADDRESS	7721 WOODRIDGE DR., S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVIDSON D.	5.2 NAME	
STREET ADDRESS	140 GROVERS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLACKROCK CT	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, RENE F	6.2 NAME	
STREET ADDRESS	10241 SW 134 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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 supplementary 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 on an attachment with an address.

SIGNATURE

CR2E034 (9/96)