


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1985

4. FEI Number

06-1151029

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. 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

TITLE ☐ DELETE

NAME DEBEVOISE, CHARLES R.

STREET ADDRESS 34 LUDLOW DR.

CITY-ST-ZIP CHAPPAQUA NY

TITLE ☐ DELETE

NAME HOST, STIG

STREET ADDRESS 36 KEOFFERAM RD

CITY-ST-ZIP GREENWICH CT

TITLE ☐ DELETE

NAME LATHROP, DOUGLAS R.

STREET ADDRESS ~~22828 HORSESHOE WAY~~ 3130 HUNTER RD.

CITY-ST-ZIP ~~BOCA RATON FL~~ WESTON, FL 33331

TITLE ☐ DELETE

NAME HUINKER, TODD W.

STREET ADDRESS ~~7721 WOODBRIDGE DR., S.~~ 3 AURUM OAKS PL

CITY-ST-ZIP ~~PARKLAND FL~~ AUSTIN, TX 78737

TITLE ☐ DELETE

NAME WILLIAMS, DAVIDSON D.

STREET ADDRESS 140 GROVERS AVE.

CITY-ST-ZIP BLACKROCK CT

TITLE ☐ DELETE

NAME FLORES, RENE F

STREET ADDRESS 10241 SW 134 AVE

CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE REQUIRED

1/20/98 959-389-0897

CR2E034 (10/97)