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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	`# .J8	8584	45
4 O 11 N	•		. •

1. Corporation	NEN 1 # J85845 RICAN OIL, INC.						
D: : ID:	-6.0	Mailing Address					
Principal Place		Mailing Address				·	
402 HIGH POINT COCOA FL 3294		402 HIGH POINT DR COCOA FL 32926				•	
US		US			DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified</li> <li>08/06/1987</li> </ol>	!	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u></u>	olied For
21		26			59-2842644		Applicable
Suite, Apt. i	#, etc.			5. Certifcate of Status Desired	\$ <b>8.75</b> A	I	
22		27 City 8 State				<u> </u>	<u></u>
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 t	
Zip	Country	28	Country		8. This corporation owes the current year		
<b>└</b> '	25	29 3	¬ '		Personal Property Tax.	⊡ Yes	<b>M</b> No
24	9. Name and Address of Current		<del>"</del>		10. Name and Address of New Registers		1
		3 3	81	Name		· !	
PAUL	., Herman S.		82	Ctroot Add	dress (P.O. Box Number is Not Acceptable)		
2468	ATLANTIC BLVD.		62	Street Add	iress (P.O. Box Number is Not Acceptable)	·	
JACH	(SONVILLE FL 36220		83			,	
į			94	0:1-		. 85 Zip C	'ode
			84	City	F	L	-
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on the state on familiar with, and accept the obligation	f Florida. Such change was autlons of, Section 607.0505, Florid	horized by la Statutes	tne corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the applications of the purpose when reinstating)	or changing its i	jistered
	Signature, typed or printed name of registered agent OFFICERS AND		13.	t signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	DP OFFICERS AINE	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME	SHAH, MAHESH R.		1.2 NAME			ř	
STREET ADDRESS	702 HAWKSBILL ISLAND DR		1,3 STREET	ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1.4 CITY-S	1		,	
TITLE	DS	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	SHAH, RASHMI M.		2.2 NAME			;	
STREET ADDRESS	702 HAWKSBILL ISLAND DR		2.3 STREET	ADDRESS		!	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		2. 4 CITY-S	T-ZIP			
TITLE	DVP	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	SHAH, RAJENDRA		3.2 NAME				
STREET ADDRESS	740 NICKLAUS DR		3.3 STREET	ADDRESS		•	
CITY-ST-ZIP	MELBORNE FL 32940		3.4. CITY-S	T-ZIP			
TITLE	DT	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	SHAH, KANAN		4. 2 NAME	}			
STREET ADDRESS	740 NICKLAUS DR		4.3 STREET	ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32940		4.4 CITY-S	T-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			52 NAME	-		i.	
STREET ADDRESS			5 3 STREET	ADDRESS		!	ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		-	Change	☐ Addition

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, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS