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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J99823- KI5790

Zenith Petroleum Company, Inc.

Principal Place of Business

5600 State Road 70 East

Okanahahan El 22472

Okanahahan El 2407

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90279 023 ***150.00



56	5600 State Road 70 East 5600 State Road 70, East						}			
Okeechobee, FL 33472 Okeechobee, FL 34972						DO NOT WRITE IN THIS SPACE				
,					3. Date Incorporated or					
							2/16/88			
Principal Place of Business 2a			a. Mailing Address				4. FEI Number		TA	polied For
21		26	26				65-0082306			ot Applicable
Suite, Ap	ot. #, etc.	Suit	Suite, Apt. #, etc.							Additional
22			7				5. Certificate of Status Desired		Fee R	equired
City & St	ale	City	City & State				8. Election Campaign Financing		\$5.00	May Be
23		28	8				Trust Fund Contribution		-	to Fees
Zip Zip	Country	Country Zip Country			8. This corporation owes the current year			nt year inta	ngible	
24	25 29 30				Personal Property Tax.				X Yes	□No
	9. Name and Address of Curren			10. Name and Address of New Re	gistered /	gent				
				8	1 N	lame	Tipu H. Ahmed			[
					2 S	treet Addres	ss (P.O. Box Number is Not Acceptab	le)		 -
							5600 State Road 70, 1			
				8:	3				•	
			·	8	4 C	ity			85 Zip	Code
					1_		Okeechobee	<u>FL</u>	134	972
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 Tipu: H. Ahmed Storature, typed or primed name of inquatered agent and 60f it applicable. (NOTE: Registered Agent agreeture required when remissions) DATE										
SIGNATURE		TIPL	a sume	~ ì				- 4	-30-	99
	Signature, typed or printed name of registered agent				ent sig	neture required w				
12.	OFFICERS AN	D DIRECTO		13.			ADDITIONS/CHANGES TO OFF	CERS AND		X Addition
TITLE	dre		☐ DELETE	1.1 TITLE		P.	/D/S		Change	AL ACCION
NAME	<u>ነ</u> ·			12 NAME		Ti	ipu H. Ahmed 5600 S	.R. 70	. E.	ļ
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NGE				22 NAME				00 S.R	.70, E	.
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STREET ADDRES	•}			4.3 STREE						Ì
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	3			5.4 CTTY-						İ
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STREET ADDRES	•			6.3 STREE		RESS	•			'
	-			SACTY-						
CITY-ST-ZIP				22.00						

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 informatic 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.

SIGNATURE: _

Tipu H. Ahmed

TIPU Ahmed 4-30-99 941-357-177