

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

FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L80170 (8)
1. Corporation Name
FLORIDA GAS VENTURES, INC.



Principal Place of Business
18551 N. TAMiami TRAIL
N. FT. MYERS FL 33903

Mailing Address
18551 N. TAMiami TRAIL
N. FT. MYERS FL 33903

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 100 Hancock Bridge		26 100 Hancock Bridge		06/13/1990	
22 Suite, Apt. #, etc. D15-543		27 Suite, Apt. #, etc. D15-543		4. FEI Number 65-0248253	
23 City & State Cape Coral FL		28 City & State Cape Coral FL		Applied For Not Applicable	
24 Zip 33991		29 Zip 33991		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WAGLE, HAROLD, H 18551 N TAMiami TRAIL N FT MYERS FL 33903				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 D15-543			
				84 City Cape Coral FL 85 Zip Code 33991			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANAVOS, PETER J., JR.			1.2 NAME			
STREET ADDRESS	18551 N. TAMiami TRAIL			1.3 STREET ADDRESS			
CITY-ST-ZIP	N. FT. MYERS FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANAVOS, PAUL C.			2.2 NAME			
STREET ADDRESS	18551 N. TAMiami TRAIL			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. FT. MYERS FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANAVOS, MARK D.			3.2 NAME			
STREET ADDRESS	18551 N. TAMiami TRAIL			3.3 STREET ADDRESS			
CITY-ST-ZIP	N. FT. MYERS FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 a partner 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 in an attachment with an address.

SIGNATURE: _____

CR2E034 (10/97)