


2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L97000001449**

FUELMAN OF CENTRAL FLORIDA, L.C.  
~~4731 NORTH A1A~~  
~~VERO BEACH FL 32963~~

1a. Principal Place of Business Address  
4731 NORTH A1A  
VERO BEACH FL 32963

2. Principal Place of Business 1600 E ROBINSON ST Suite, Apt. #, etc. SUITE 300 City & State ORLANDO FL Zip 32803	2a. Mailing Address PO BOX 3898 Suite, Apt. #, etc. City & State VERO BEACH FL Zip 32964	3. Date Organized or Qualified 12/30/1997	3a. State of Formation FL
		4. FEI Number 65-0810687	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent CALISTRI, SUSAN A 756 BEACHLAND BLVD VERO BEACH FL	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 600002620226--1 Suite, Apt. #, etc. 08/10/98 01000 014 ***\$88.75 ***\$88.75 City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	MATESIC, TOM	<del>4731 NORTH A1A</del> 1600 E ROBINSON ST, #300	<del>VERO BEACH FL</del> ORLANDO FL 32803
MBR	DISTRICT PETROLEUM PRO	1832 MILAN ROAD	<del>SANDBURY OH</del> SANDUSKY OH 44870

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**  **TOM MATESIC** 8/10/98 407-898-4446