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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44492

1. Corporation Name
GAS INSTITUTE OF SOUTH FLORIDA, INC.

Principal Place of Business 1563 S W HARBOUR ISLE CIRCLE PORT ST LUCIE FL 34986 US	Mailing Address 1563 S W HARBOR ISLE CIRCLE PT ST LUCIE FL 34986 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/30/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1147746
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent AUTORINO, ANTHONY 225 N.W. BENTLEY CIRCLE PORT ST. LUCIE FL 34986	10. Name and Address of New Registered Agent 81 Name <u>AUTORINO, ANTHONY</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>1563 SW HARBOUR ISLE CIR</u> 83 84 City <u>PORT ST Lucie</u> FL 85 Zip Code <u>34986</u>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	BROWING, D	1.2 NAME	
STREET ADDRESS	937 KROME AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAU, D	2.2 NAME	
STREET ADDRESS	5201 N W 9TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, L	3.2 NAME	
STREET ADDRESS	16101 W DIXIE HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33152	3.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUTORINO, A	4.2 NAME	
STREET ADDRESS	1563 S W HARBOUR ISLE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34986	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 the receiver or trustee empowered to execute this report as required by Chapter 617, 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: Anthony Autorino 3-15-99 541-879-9294
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)