Feb 20, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200004295

i. Corporation											
ORANGE	E PETROLE	EUM, INC.									0,0,000 die 1601
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Policia I Plana	- (D i -		8.8-10 8.4-4			-]]]
Principal Place of Business Mailing Address											
424 INDUSTRIAL PARK 2173 PLATINUM ROAD 2173 PLATINUM ROAD							1				
APOPKA FL 32703 APOPKA FL 32703									VRITE IN TH	IS SPACE	
us us							- I	Date Incorporated or Quali	fed		
			1 2 - 1 1	 				1/13/1992			
2. Principal Place of Business			<u>├</u> ─┐	2a. Mailing Address				El Number		<u> </u>	Applied For
21 Suite Ast	# oto		26 Suite, Apt.	# etc				59-3152917			Not Applicable 5 Additional
Suite, Apt.	#, etc.		27	#, GIC.			5. (Certifcate of Status Desire	d 🗆	•	Required
City & State			City & Stat	City & State			6. E	6. Election Campaign Financing S			0 May Be
23			28					rust Fund Contribution		Adde	ed to Fees
Zip	۲-	Country	Zip	г	Country	•	II.	This corporation owes the	current year l		□No
24		!5	29		30			Personal Property Tax. Name and Address of Ne	w Penistere	Yes	LINO
	9. Name a	and Address of Curi	rent Registered Agen		81	Name	10. 1	Name and Address of Ne	w registere	iu Ageiii	
моо	ORHEAD, TIN	NOTHY R						, , , , , , , , , , , , , , , , , , ,			_
145	N. MAGNOL	JA AVE.			82	Street A	Address (P.C	D. Box Number is Not Acc	eptable)		
ORL	ANDO FL 32	2802			83	-				- -	
	•				84	City				05 7	p Code
									F	LII	
							ornaration :	aubmita this statement for	th	of changing	its registered
11. Pursuant	to the provision	this of Sections 607.0)502 and 607.1508, Fig	orida Statute:	s, the above	e-named (rotion's boo	ed of directors I become	the purpose	vointment se	registered
11. Pursuant office or reagent. I a	to the provision registered age am familiar with	ກີs of Sections 607.0 nt, or both, in the Sta n, and accept the obli)502 and 607.1508, FIC ite of Florida. Such cha igations of, Section 60	orida Statute yilge was au 7.0505, Flori	s, the above thorized by ida Statutes	e-named of the corpo s.	ration's boa	rd of directors. I hereby a	ccept the app	ointment as	registered
i	(-1/)	notted MI	00/h					submits this statement for rd of directors. I hereby a	ccept the app	pointment as	registered
SIGNATURE	(-1/)	r printed name of registered a	agent and little if applicable.		Registered Ager		quired when rein	nstating)	DATE		
SIGNATURE	Signature, typed o	r printed name of registered a	agent and little if applicable. AND DIRECTORS	(NOTE: F	Registered Ager		quired when rein	41	DATE	AND DIREC	TORS IN 12
SIGNATURE 12. TITLE	Signature, typed o	r printed name of registered a	agent and little if applicable. AND DIRECTORS		13.		quired when rein	nstating)	DATE		TORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed o	oprinted name in registered a OFFICERS	agent and little if applicable. AND DIRECTORS	(NOTE: F	Registered Ager 13. 1.1 TITLE 1.2 NAME	nt signature re	quired when rein	nstating)	DATE	AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	PD QUINN, RI 538 ALOKI	officers CHARD A EE CT.	agent and little if applicable. AND DIRECTORS	(NOTE: F	13. 1.1 TiTLE 1.2 NAME 1.3 STREE	nt signature re	quired when rein	nstating)	DATE	AND DIREC	TORS IN 12
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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 an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

407-880-0850