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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060545 (9)

BROWARD FILLING STATIONS, INC.

Principal Place of Business Mailing Address						i radifide ien inent reite getet alleis anere garen ar	111 0010 1 01111 01	1001 0111 1001
2501 DAVIE I	RD.	2501 DAVIE RD.						
#230 #230					1	DO NOT WRITE IN THIS SPACE		
DAVIE FL 33317 DAVIE FL 33317				9 Data Incorpora		3. Date Incorporated or Qualified		
						08/23/1993		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		applied For
21 26			.					lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0424716		Additional
22 27						5. Certificate of Status Desired		Regulred
City & State City & State						6. Election Campaign Financing) May Be
23		28	28			Trust Fund Contribution		to Fees
Zip			Countr	79 8. This corporation owes or has paid the current year Intangible		ntangible		
24	25	29	30	0		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
BLUE, HAROLD			81	1	Name			
	D1 DAVIE RD		82 Street Add		Street Addres	ss (P.O. Box Number is Not Acceptable)		
SUTIE 230					000. 1.00.00	Test (test one (t. e.		
FT	LAUDERDALE FL 33317		83	3				
1			84	+-	City		85 Zip	Code
			07	•	Ony	FL	_ 65 Zip	Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508, Florida Stat	tutes, the abov	/e-r	named corpor	ration submits this statement for the purpose of	of changing i	its registered
office of fi	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change wa gations of, Section 607.05 05 ,	s authorized b Florida Statute	yγtı ƏŞ.	ne corporation	n's board of directors. I hereby accept the ap	pointment as	s registered
SIGNATURE		ŗ						
SIGNATURE	Signature, typed or printed name of registered as	gent and time if applicable (N	OTE Registered Ag	ent	signature required	when reinstaling) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE			1,1 TITLE				Change	☐ Addition
NAME	B LUE, HAROLD		1.2 NAME					
STREET ADDRESS	2501 DAVIE RD., #230		1.3 STREET AD		ODRESS			
City-St-ZIP	DAVIE FL 33317		1.4 CITY - ST - ZIP		ZIP			
TITLE	VP.	DELETE	2.1 TITLE				Change	Addition
NAME	Marks, Bennett		2.2 NAME		İ			
STREET ADDRESS	2501 DAVIE RD., #230		2.9 STREET ADDRESS		odress			
CITY-ST-ZIP	DAVIE FL 33317		2. 4 CITY - ST - ZIP		- ZIP			
TITLE		☐ DELETE	ELETE 3.1 TITLE			· ·	Change	L. Addition
NAME			3.2 NAME		1			
STREET ADDRESS			3.3 STREE	T AD	ODRESS [
CITY-ST-ZIP			3.4. CITY-	ST-	ZIP		 _	
TITLE			4.1 TITLE		}		∐ Change	☐ Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREE	T AD)DRESS			
CITY-ST-ZIP			4.4 CITY-	ST-	ZIP			
TATLE	1		5.1 TITLE	1			Change	☐ Addition
NAME			5.2 NAME		-			l
STREET ADDRESS			5.3 STREE	T AC	DDAESS			
CITY-ST-ZIP			5.4 CITY-:	ST-	ZIP	777	————	· • • • • • • • • • • • • • • • • • • •
TITLE	DELETE		6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	6.3 STREET ADDRESS				
1 AUTH AT 7/B			0.4.0(5)		700 1			ı

14. Thereby 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 chapter 607, an altachmon with an address.

1/20/98