

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000001626 (8)

1. Corporation Name

MOONLITE PETROLEUM CORPORATION



Principal Place of Business

3596 BAYSHORE DR.
NAPLES FL 33962

Mailing Address

3596 BAYSHORE DR.
NAPLES FL 33962

3. Date Incorporated or Qualified

12/30/1993

3a. Date of Last Report

08/08/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0470354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AHMED, MONSOR U
3596 BAYSHORE DR.
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed in Block (Do not leave blank) (Print Name and Title of Signer in Block)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	AHMED, MONSOR	3596 BAYSHORE DR.	NAPLES FL 33962	<input type="checkbox"/>
D	BEGUM, SHAMSAD	3596 BAYSHORE DR.	NAPLES FL 33962	<input type="checkbox"/>
D	ALAUDDIN, MOHAMMED	3596 BAYSHORE DR.	NAPLES FL 33962	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. <input type="checkbox"/> Change <input type="checkbox"/> Addition
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6. TITLE	7. NAME	8. STREET ADDRESS	9. CITY - ST - ZIP	10. <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	15. <input type="checkbox"/> Change <input type="checkbox"/> Addition
16. TITLE	17. NAME	18. STREET ADDRESS	19. CITY - ST - ZIP	20. <input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	25. <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/96

(941) 732-7773

CR2E034 (12/95)