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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98



ELÓRIDA DEPARTMENT DE STATE

Sandra B. Mortham \*

FILED

Jun 10 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000009656 (7)

GGR OIL OF FLORIDA, INC.

Principal Place of Business Mailing Address 3200 SHAWNEE #1 3200 SHAWNEE #1 W PALM BEACH FL 33409 W PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0470507 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zio Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 \_\_\_ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GOLDLEY, ROBERT A 102 HALFMOON CIR 1 82 HALFMOON BAY 83 LAKE WORTH FL 33462-5484 84 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 Plate of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutos. Registered Agent signature required when re-estating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TITLE Addition **GOLDBERG. ROBERT A** NAME 1.2 NAME **15**010 FALLERY CREEK STREET ADDRESS 1.3 STREET ADDRESS BLUE SHAWNEE #1 **HOUSTON TX** CITY-ST-ZIP 1.4 CITY-ST-ZIP W. PALM BEACH 33409 DELFTE TITLE Change ☐ Addition 2.1 TILLE **GILBERT, GERTNER** NAME 2.2 NAME 1400 POST OAK BLVD., STE 500 STREET ADDRESS 2.3 STREET ADDRESS **HO**USTON TX CITY-ST-ZIP 2. 4 CITY-\$1-7IP TITLE DELFTE Addition 3.1 TITLE Change LANCE, ROSMARIN NAME 3.2 NAME 1400 POST OAK BLVD., STE 500 STREET ADDRESS 3.3 STREET ADDRESS **HOUSTON TX** 34. CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 41 THLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$1-7IP DELLTE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6 1 TITLE Change \_\_\_ Addition 200002557033 NAME 6.2 NAME -06/11/98--01079---083 STREET ADDRESS \*\*\*150.00

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 suppliemental 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 Plock 13 if the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment w n an address