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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000014467 (2)

PETROLEUM SOLUTIONS, INC.

Principal Place	e of Business	Mailing Address				OFFICE STATE BIRTH BIRTH BIRTH FOR INCHINE
9250 ALT A1A 92		8250 ALT A1A LAKE PARK FL 33403-1443				
					3. Date incorporated or Qualified 02/16/1994	3a. Date of Last Report 04/16/1996
2. Principal P	lace of Business	2a. Mailing Address		,	4. FEI Number 65-0473323	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27	ļ <u>1</u>		5. Certificate of Status Desired	Fee Required
City & State	e	Crty & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	1	8. This corporation has liability for i	
24	25   29   30   9. Name and Address of Current Registered Agent		0	Florida Statutes Yes No 10. Name and Address of New Registered Agent		
DONNINI, GERALD J. 8				Name	10. Name and Address of New Ke	Jistered Agent
	OH ALT. A-1-A					·
	1100		82	Street Addr	ess (P.O. Box Number is Not Acceptab	i <b>e</b> ) , * .
	E PARK FL 33403		83			
			84	City		85 Zip Code
11. Pursuant office or r agent I a SIGNATURE					oration submits this statement for the p ion's board of directors. I hereby accep	
12.	Signature, typical or printed name of registered as OFFICERS AN	gont and the it applicable (NOTE: F	ing-stered Ag	ent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	DONNINI, GERALD J	<del>_</del> .	1.2 NAME			
STREET ADORESS	9250 ALT A1A		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33403		1.4 CITY -:	ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE			Change Addition
NAME	DONNINI, JAMES T		2.2 NAME			
STREET ADDRESS	9250 ALT A1A			T ADDRESS	,	•
CITY+ST-2IP TITLE	LAKE PARK FL 33403	DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP		Change Addition
NAME		DELETE	3.2 NAME			El change El Madiron
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			3.4. CITY-	1		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	<del></del>	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADORESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY -: 6.1 TITLE	51 · ZIP		☐ Change ☐ Addition
NAME		beaut to	6.2 NAME			C Commign
STREET ADORESS				T ADDRESS		
Since i Abbittad			DIO DITIALE	,		

14. I do 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 on an attachment with an address.