

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 17 1997 8:00am
Secretary of State

DOCUMENT # **P94000045428 (7)**

1. Corporation Name

JETPORT OIL, INC.



Principal Place of Business

**8201 BENRUS RD.
ORLANDO FL 32827
US**

Mailing Address

**740 NICKLAUS DRIVE
MELBOURNE FL 32940-1790**

3. Date Incorporated or Qualified

06/17/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt. #, etc.

Suite Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAH, RAJENDRA R
740 NICKLAUS DR.
MELBOURNE FL 32940**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE ☐ DELETE

NAME **SHAH, RAJENDRA R**
STREET ADDRESS **740 NICKLAUS DR.**
CITY - ST - ZIP **MELBOURNE FL 32940**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SHAH, SUNIL N**
STREET ADDRESS **3455 LEE HAVLRE DR. EAST**
CITY - ST - ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **MEHTA, NIKUNJ K**
STREET ADDRESS **4950 WATERWAY CT., APT. 728**
CITY - ST - ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rajendra R. Shah

Date

Daytime Phone #

407 690 807

0106129

CR2E034 (9/96)