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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000056464 (8)

BHULLAR MOBIL, INC.

Principal Place of Business Mailing Address
3901 SW 64TH AVE. 3901 SW 64TH AVE.

## FILED Jan 23 1998 8:00am Secretary of State



DAVIC PL 333	314	DAVIE PL 33314			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					07/29/1994	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applie	d For
21 26					05 0500004	oplicable
		Suite, Apt. #, etc.	#, etc.		- \$8.75 Add	
22		27	27		5. Certificate of Status Desired Fee Requi	
City & State	2	City & State			6. Election Campaign Financing \$5.00 Mar	v Re
23		28			Trust Fund Contribution	
Zìp	Country	Zip	Cor	antry	8. This corporation owes or has paid the current year Intang	ible
24	25	29	30		Personal Property Tax due June 30. 🔯 Yes 🔲 N	<u> </u>
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent	
	ULLAR, ALLOUDIN			81 Name		
3901 SW 64TH AVE.				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
DA	VIE FL 33134					
				83		1
				84 City	, 85 Zip Code	
				- ",		
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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.						
office or registered agent, or both, in the State of Forida. 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 a	100 - 100	TE: Registere	d Agent signature requ	ired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	b bright and without the	☐ DELETE	1.1 T	TLE	L Change	Addition
NAME	BHULLAR, ALLOUDIN		1.2 N	AME		-
STREET ADDRESS	900 GREENBRIAR AVE		1.3 S	TREET ADDRESS		- 1
CITY-ST-ZIP	DAVIE FL		1.4 0	ITY-ST-ZIP		
TITLE	VP	DELETE	2.1 T	TLE	Change	Addition
NAME	BHULLAR, AZIZ		2.2 N	AME		
STREET ADDRESS	900 GREENBRIAR AVE		2.3 \$	TREET ADDRESS		
CITY-ST-ZIP	DAVIE FL			ITY-ST-ZIP		
TITLE		DELETE	3.1 TI	TLE	Change	Addition
NAME			3.2 N	AME		
STREET ADORESS			3.3 %	TREET ADDRESS		
CITY-ST-ZIP			3.4. 0	ITY-ST-ZIP		
TITLE		DELETE	4.1 TI	TLE	Change	Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 S	reet address		1
City-ST-ZiP			4.4 C	TY-ST-ZIP		
TITLE		DELETE	5.1 Ti	rue	Change	Addition
NAME			5.2 N	AME		ļ
STREET ADDRESS			5.3 S	REET ADDRESS		ĺ
CITY - ST - ZIP			5.4 CI	TY-ST-ZIP		
TITLE		☐ DELETE	6.1 (1	TLE	Change	Addition
NAME			6.2 N	AME		
STREET ADORESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP			6.4 C	TY-ST-ZIP		
14 I barabara	artifu that the information aumaliad a	with this filling door not qualify for	ar da a aus		Continue (10.07/2)() Florida Continue I further contift, that the left-	

4. I nereby ceruly 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 cath; 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.

SIGNATURE:

Aiz WEREQUIRE

1-14-98

954-792-7229

JHZE034 (10/97)