

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 # P94000064771 (6)

1. Corporation Name

DELRAY GAS CORPORATION

Principal Place of Business

Mailing Address

5010 W. ATLANTIC AVENUE
DELRAY BEACH FL 33848

5010 W. ATLANTIC AVENUE
DELRAY BEACH FL 33848



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/01/1994

3a. Date of Last Report

02/24/1995

4. FEI Number

59-3259679

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

10. Name and Address of New Registered Agent

COHEN, NEIL
5010 W. ATLANTIC AVENUE
DELRAY BEACH FL 33848

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]

Pres

(NOTE: Registered Agent signature required when reinstating)

2/27/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME CITY-ST-ZIP ☐ DELETE

P
COHEN, NEIL
17626-A ASHBOURNE LANE
BOCA RATON FL 33496

TITLE NAME CITY-ST-ZIP ☐ DELETE

V
SACKTER, RICHARD
17213 BYTON LANE
BOCA RATON FL 33496

TITLE NAME CITY-ST-ZIP ☐ DELETE

ST
COHEN, SOLOMON
17626-A ASHBOURNE LANE
BOCA RATON FL 33496

TITLE NAME CITY-ST-ZIP ☐ DELETE

TITLE NAME CITY-ST-ZIP

TITLE NAME CITY-ST-ZIP ☐ DELETE

TITLE NAME CITY-ST-ZIP

TITLE NAME CITY-ST-ZIP ☐ DELETE

TITLE NAME CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

2/27/96

Date

407-243-1330

Daytime Phone #

CR2E034 (12/95)