

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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000071482 (1)

1. Corporation Name
CARILLON FUELS, INC.

Principal Place of Business
2020 NE 163RD ST SUITE 300
NORTH MIAMI BEACH FL 33162

Mailing Address
2020 NE 163RD ST SUITE 300
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1994

4. FEI Number

65-0554132

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 5098 Airport Pulling No.

Suite, Apt. #, etc.

PULLING NO.

2a. Mailing Address

26 2525 NO STATE RD 7

Suite, Apt. #, etc.

27 Suite 100

City & State

23 NAPLES

Zip

24 34105

Country

25 USA

City & State

28 HOLLYWOOD FL

Zip

29 33021

Country

30 USA

9. Name and Address of Current Registered Agent

FRIEDMAN, KENNETH A ESQ
2020 NE 163RD ST SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

LARRY SSAZANT

82 Street Address (P.O. Box Number is Not Acceptable)

2525 NO STATE RD 7, Suite 100

83

84 City

HOLLYWOOD, FL

85

Zip Code

33021

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

TITLE DS ☐ DELETE

NAME SAZANT, SHEILA
STREET ADDRESS 2020 NE 163RD ST SUITE 300
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE DPT ☐ DELETE

NAME FONTECILLA, ISABEL
STREET ADDRESS 2020 NE 163 STREET, SUITE 300
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE Sec. ☐ DELETE

NAME SAZANT, LARRY
STREET ADDRESS 2525 NO STATE RD 7, Suite 100
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS ☐ Change ☐ Addition

1.2 NAME Sheila Sazant, Sheila
1.3 STREET ADDRESS 2525 NO STATE RD 7, Suite 100
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

2.1 TITLE DPT ☐ Change ☐ Addition

2.2 NAME Fontecilla, Isabel
2.3 STREET ADDRESS 2525 NO STATE RD 7
2.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

3.1 TITLE Sec. ☐ Change ☒ Addition

3.2 NAME SAZANT, LARRY
3.3 STREET ADDRESS 2525 NO STATE RD 7, Suite 100
3.4 CITY-ST-ZIP HOLLYWOOD FL 33021

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0226655

CR2E034 (10/97)