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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98 MAR 15 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071482

1. Corporation Name: CARILLON FUELS

Principal Place of Business: 5098 Airport Pulling RD No. NAPLES 34105

Mailing Address: Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	5098 AIRPORT PULLING RD N.	26	2525 NO STATE RD 7
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc 100
23	City & State NAPLES, FL.	28	City & State HOLLYWOOD FL.
24	Zip 34105	29	Zip 33021
25	Country USA	30	Country USA

3. Date First Organized or Authorized: 09/28/94

4. I.R.S. Number: 65-0554132 — 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 Affected By Fees

8. This corporation owes the current year intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

* LARRY SSAZANT
2525 NO STATE RD 7
SUITE 100
Hollywood FL. 33021

10. Name and Address of New Registered Agent

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's signature required for electronic filing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LARRY SSAZANT Pres LARRY SSAZANT 2525 NO STATE RD 7 STE 100 HOLLYWOOD FL 33021 [ ] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	[ ] Change [ ] Add
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JB 3-17-99

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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, with all other like empowered.

SIGNATURE: Larry SSazant Pres: LARRY SSAZANT Mar 5th/99 954-966-8102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number