- 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

DOCUMENT # P95000019389

1. Corporation Name

HOQUE'S TEXACO, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90024 040 ***150.00



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Principal Place of Business Mailing Address								
801 NORTH FEDERAL HIGHWAY DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483								
DECHA! BEACH	1 FL 33463	DECENT BENOTITE 55465			DO NOT WRITE IN T	HIS SPACE		
					Date Incorporated or Qualifed 03/08/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	<u> </u>		65-0565908	· III	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	Additional		
27			5. Certificate of Status Desired	Fee	Required			
City & State City & State		_	6. Election Campaign Financing	\$5.0	0 Мау Ве			
23				Trust Fund Contribution	Adde	d to Fees		
Zip	Zip Country Zip Country		,	8. This corporation owes the current year		_		
24	25	29 30			Personal Property Tax.			
	9. Name and Address of Current	t Registered Agent		T	10. Name and Address of New Register	red Agent		
LICOUPE ALIMA A		81	Name					
HOQUE, AHM A			82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
	8 FRESH LAKE WAY							
#1-B			83					
BOCA RATON FL 33498			84	City		85 Zi	p Code	
				<u> </u>	-		ita ragistarad	
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 agen	t and title if emplicable (NOTE: Regis	tered Ager	nt signature requi	red when reinstating) DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	VP		1.1 TITLE			Chang	e Addition	
NAME	KHAN, MOHAMMED D		1.2 NAME					
STREET ADDRESS	18338 FRESH LAKE WAY		1.3 STREET ADDRESS				^	
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 C/TY-ST-ZIP				ľ	
TITLE	P		2.1 TITLE			Chang	e 🔲 Addition	
NAME .	HOQUE, AH A		2.2 NAME		•			
STREET ADDRESS	905 KOKOMOKE LN	l':	2.3 STREET ADDRESS					
CITY-ST-ZIP	DELRAY BCH FL 33484		2.4 CITY-ST-ZIP				-===	
TITLE	-		3.1 TITLE	<u> </u>		Chang	je 🗌 Addition	
NAME			3.2 NAME				1	
STREET ADDRESS			3.3 STREET ADDRESS			•		
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE			4.1 TITLE			[T] Chang	ge Addition	
NAME			4. 2 NAME	-	,			
STREET ADDRESS	,			T ADDRESS	•	•	,	
CITY-ST-ZIP			4.4 CITY-S	- 1			1	
TITLE			5.1 TITLE			Chang	ge Addition	
NAME	·		5.2 NAME	l			ſ	
STREET ADDRESS		1	5.3 STREE	TADORESS			}	
CITY-ST-ZIP			5.4 CITY-S	!				
TITLE			6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Chang	je Addition	
NAME			6.2 NAME				}	
1				TADDRESS	•		1	
STREET ADDRESS	or in such a white		6.4 CITY-S		•		ļ	
GHY-SI-ZIP 🔆 [M. A. L. A. MARKE, A. C.							

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 changes, or of yan attachment with an address, with all other like empowered.

SIGNATURE: