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 # **P95000025491 (8)**

1. Corporation Name

MANSOUR'S TEXACO II, INC.

Principal Place of Business	Mailing Address
827 W LANCASTER RD ORLANDO FL 32809	827 W LANCASTER RD ORLANDO FL 32809

3. Date Incorporated or Qualified: **03/30/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21: 827 W. LANCASTER RD
22: Suite, Apt. #, etc.: ORL.
23: City & State:
24: Zip | 25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip | 30: Country

4. FEI Number: 593183564 ☐ 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

9. Name and Address of Current Registered Agent

MANSOUR, WEFKY
6303 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32809

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 607.1502, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WEFKY MANSOUR 827 W. LANCASTER RD ORL. FL 32809	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President 8976 ISLEWORTH CT ORL. FL 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EKLADIOUS KHALIL 992 PAPY LN Winter Spring FL 32702 S.S# 153-68-5948	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V. President. 992 PAPY LN Winter Sp. FL 32702
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	200001758742 -03/27/96--01001--022 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Dec 3-26-96

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: WEFKY MANSOUR — 2/14/96 — 407-8572465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)