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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000064703

POL-OIL CORPORATION

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90015 001 ***150.00



	e of Business	Mailing Address						
925 SE 20TH A	VE	925 SE 20TH AVE			i			
DEERFIELD BE	ACH FL 33441	DEERFIELD BEACH FL 33	3441		DO NOT WELL	E IN THIS	SPACE	
US		US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed				
					08/22/1995	•		
2. Principal P	ace of Business	2a. Mailing Address	_	01/	4. FEI Number		/	Applied For
1		26 250. 5. 00	cear	n Blad.	65-0603600			Not Applicable
Suite, Apt.	#, etc.	SAMO, 140.11, 01.5	0.	ach	5. Certificate of Status Desired			Additional
2		27 Weer Tield	190	201	5. Certificate of Status Desired		Fee	Required
City & State	e	City & State	وسسو		6. Election Campaign Financing	_ _	\$5.0	0 May Be
:3		28	H	oryda	Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Cou	ntn	8. This corporation owes the curre	ent year Inta	angible	_
4	25	29 33441	30		Personal Property Tax.	 -	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered /	Agent	
				81 Name]
	CZ, RICHARD			82 Street Add	ress (P.O. Box Number is Not Accepta	blet		
1299 S OCEAN BLVD				GZ SHEET AGG	1 .o. box (40) box 10 ffor 100 pm	~,		}
BOCA RATON FL 33432				83				
				84 City		FL	85 Zi	p Code
				<u> </u>	the state of the s		changina	ite registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was	authorized	t by the corporati	on's board of directors. I hereby accep	t the appoir	ntment as	registered
SIGNATURE		400	FF. Downtored	Agent signature require	nd when minerating)	DATE		
40	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signature require	ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
TITLE	D OFFICERS AND	DELETE	1,1 TI	n e	ADDITIONOIGNANGEO TO GI	TOCKED 74.	Chang	
	LEWANDOWSKI, ZBIGNIEW						_ •	
NAME			12 8/4					I
	AND ADD ANT ADT MANA		1.2 N					
STREET ADDRESS	925 SE 20TH AVE. APT. #101		1.3 \$1	TREET ADDRESS				
CITY-ST-ZIP	AND ADD ANT ADT MANA	□ pci ctc	1.3 ST	TREET ADDRESS TY-ST-ZIP			Chang	e 🗆 Addition
CITY-ST-ZIP TITLE	925 SE 20TH AVE. APT. #101	☐ DELETE	1.3 ST 1.4 CF 2.1 TF	TREET ADDRESS TY-ST-ZIP TLE			☐ Chang	e
CITY-ST-ZIP TITLE NAME	925 SE 20TH AVE. APT. #101 DEERFIELD BCH FL 33441	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 N/	TREET ADDRESS TY-ST-ZIP TLE AME		·	Chang	e Addition
CITY-ST-ZIP TITLE NAME	925 SE 20TH AVE. APT. #101 DEERFIELD BCH FL 33441	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 N/	TREET ADDRESS TY-ST-ZIP TLE		· 	Chang	e Addition
CITY-ST-ZIP TITLE	925 SE 20TH AVE. APT. #101 DEERFIELD BCH FL 33441		1.3 ST 1.4 Cf 2.1 Tf 2.2 № 2.3 ST 2.4 C	TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS		: #-	•	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	925 SE 20TH AVE. APT. #101 DEERFIELD BCH FL 33441	☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS			☐ Chang	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	925 SE 20TH AVE. APT. #101 DEERFIELD BCH FL 33441		1.3 ST 1.4 Cf 2.1 Tf 2.2 № 2.3 ST 2.4 C	TREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE			•	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	925 SE 20TH AVE. APT. #101 DEERFIELD BCH FL 33441	☐ DELETE	1.3 S1 1.4 CI 2.1 TI 2.2 NV 2.3 S1 2.4 C 3.1 TI 3.2 NV 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1	TREET ADDRESS TY-ST-ZIP TLE AME STREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE IMME TREET ADDRESS TTY-ST-ZIP TLE IMME TREET ADDRESS TTY-ST-ZIP			☐ Chang	e Addition
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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:

LEWANDOWS VIETZBIGNIEW 2/3/99
VIED NAME OF SIGNING OFFICER OR DIRECTOR