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

Mailing Address

NAPLES FL 33942

3205 CARRIAGE CIRCLE

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

3205 CARRIAGE CIRCLE

NAPLES FL 34105



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075538 (5)

NORTH STAR PETROLEUM GROUP, INC.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 65-0611487 Suite, Apt #, etc Suite. Ant # etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & Stato City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 City 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, typing or printed name of registrated agent and the it group at it (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THILF 1.1 TITLE Change Addition OLSON, JOHN E NAME 1.2 NAME 3205 CARRIAGE CIRCLE STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition OLSON, THERESE M NAME 22 NAME 3205 CARRIAGE CIRCLE STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Change Addition 3 1 TITLE NAME 3.2 NAME STREET ADORESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELE 16 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-21P 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP TITLE DELETE 61 TITLE ___ Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

SIGNATURE: JOHN F OLSON

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

6.4 CITY-ST-ZIP

FILED

Apr 30 1998 8:00am

Secretary of State