## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000078004 (5)

**DOCUMENT #**  Corporation Name OLYMPIC PETROLEUM, INC.

Mailing Address Principal Place of Business 12700 MAIDENS BOWER DRIVE 343 ALMERIA AVENUE POTOMAC MD 20854 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 10/11/1995 3a. Date of Last Report 4-29-98 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-06480 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zin Zip Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 82 343 ALMERIA AVENUE RZ **CORAL GABLES FL 33134** Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typicd or printed name of registered agent and title if applicable. CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1 1 TITLE TITLE GNANASIRI, JOANN M 1.2 NAME NAME 343 ALMERIA AVENUE 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** 14 CITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1300E TITLE 2.2 NAME NAME

STREET ADDRESS 6.4 CITY - S1 - ZIP CITY - ST - ZIP 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 early; 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.

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