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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000085765 (2)

SAHARA PETROLEUM, INC.

Principal Place of Business Mailing Address 2944 \$ARNO RD 2944 SARNO RD. MELBOURNE FL 32935 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3345609 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. X Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LARKIN, DAVID G 1900 S. HICKORY ST. 82 **MELBOURNE FL 32901** вз 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 a gistered agent and title if applicable (NCITE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Change Addition NAME -AYAD-B-GAAD-Raouf 5. Faces 1.2 NAME 710 Tatonica Dr. Melhaurne, Fl. 32901 **\$436 SADDLE BROOK-DR** STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE PL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition Addition NAME RAOUF S: FARES -22 NAME 502 Landernback Dr. **200 INTERNATIONAL DR APT 510** STREET ADDRESS 2 3 STREET ADDRESS CAPE CANAVERAL FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE NAME **SAAD, AYAD**-B. 3.2 NAME 3438 SADOLE BROOK DR. STREET ADDRESS 3.3 STREET ADDRESS Melbourne fl CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

DELETE

**FILED** May 07 1998 8:00am Secretary of State



Change

Addition