


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

FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000020823 (6) 1. Corporation Name C.A. FUEL, INC.			
Principal Place of Business 2855 MEDULLA #301 LAKELAND FL 33811		Mailing Address 2855 MEDULLA #301 LAKELAND FL 33811-2808	
2. Principal Place of Business 21 3200 Flightline Dr Suite, Apt. #, etc. 22 # 301 City & State 23 Zip Country 24 25		2a. Mailing Address 26 3200 Flightline Dr. Suite, Apt. #, etc. 27 # 301 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 03/04/1996		3a. Date of Last Report	
4. FEI Number 59-3372387		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WAGNER, ROBERT W SR. 2855 MEDULLA #301 LAKELAND FL 33811		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 607.1508, 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 Robert W Wagner, Jr. DATE (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE D NAME WAGNER, ROBERT W SR. STREET ADDRESS 2855 MEDULLA #301 CITY-ST-ZIP LAKELAND FL 33811 [ ] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 3200 Flightline Dr. # 301 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [ ] Change [ ] Addition [ ] Change [ ] Addition [ ] Change [ ] Addition [ ] Change [ ] Addition [ ] Change [ ] Addition [ ] Change [ ] Addition	
14. I do 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. SIGNATURE: Robert W Wagner, Jr. DATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)