Applied For

□No

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600033014 1. Corporation Name J.W. OIL, INC.

Principal Place of Business

Country

25

5601 JOHNSON ST. HOLLYWOOD FL 33021

21

22

23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

5601 JOHNSON ST. HOLLYWOOD FL 33021

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90007 034 ***150.00



DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified 04/16/1996
 FEI Number

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

65-0752931

	9. Name and Address of Current Registered Agent			10. Name and Address of A	ew Kegisterea	~gent	
ARONSON, JOEL H 5601 JOHNSON ST.			81	Name			
			82	Street Address (P.O. Box Number is Not Acc	Address (P.O. Box Number is Not Acceptable)		
HOLI	LYWOOD FL 33021	ļ	83				
			84	City		85 Zip	Code
			04	City	. FL	. 65 215	0000
office or ti	to the provisions of Sections 607.0502 and 607.1508, Florida Statutegistered agent, or both, in the State of Florida. Such change was a mamiliar with, and accept the obligations of, Section 607.0505, Florida State of Section 607.0505, Florida Section 6	uthorized	by th	named corporation submits this statement for ne corporation's board of directors. I hereby a	the purpose of ccept the appo	changing its ntment as re	registered egistered
SIGNATURE					DATE		
40	- Garage		Agent	signature required when reinstating) ADDITIONS/CHANGES TO		ID DIRECTO	DRS IN 12
12.	OFFICERS AND DIRECTORS DELETE	13.	1.5	ADDITIONS/CHANGES TO	OT ICENO AI	Change	Addition
TITLE	ARONSON, JOEL H	1.2 NA					
VAME	5601 JOHNSON ST.			ADDRESS ·			
STREET ADDRESS	HOLLYWOOD FL 33021		Y-ST-				
CITY-ST-ZIP	DELETE	2.1 111		<u></u>		Change	Addition
NAME		2.2 NA	ME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		2. 4 CI					
TITLE -	DELETE	3.1 111		Chapter 27 to want - 4, , was		⁻ Change	• 🔲 Additio
NAME .		3.2 NA	ME				
STREET ADDRESS		3.3 ST	REET /	ADDRESS			
CITY-ST-ZIP		3.4. CI	TY-ST	-ZiP			
TITLE	☐ OELETE	4.1 111	LE		<u>_</u>	☐ Change	Addition
NAME	•	4.2 N	ME				
STREET ADDRESS		4.3 ST	REET A	ADDRESS			
CITY-ST-ZIP		4.4 CI	Y-ST-	ZIP			
TITLE	☐ DELETE	5.1 111				Change	☐ Addition
NAME		5.2 NA					
STREET ADDRESS	·	5.3 ST	REET A	ADDRESS			
CITY-ST-ZIP		5.4 CII		ZIP			C
TITLE	☐ DELETE	6.1 TI				☐ Change	Addition
NAME		6.2 NA					
STREET ADDRESS				ADDRESS		,	
CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for	6.4 CII		l l			

Country

30

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:

TURE AND TYPEO OR NAME OF SIGNING OFFICER OR DIRECTOR

THE AND TYPEO OR NAME OF SIGNING OFFICER OR DIRECTOR

2E034 (11/98)