

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000034646 (5)

1. Corporation Name
O.B.T. CITGO, INC.

Principal Place of Business

Mailing Address

2069 AMERICANA BLVD
ORLANDO FL 32839

2069 AMERICANA BLVD
ORLANDO FL 32839



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1996

4. FEI Number

59-2041842

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 520 S. O.B.T.
City & State

27 Suite, Apt. #, etc.
City & State

23 Orlando FL
Zip Country

28 Suite, Apt. #, etc.
City & State

24 32805 25 USA
Zip Country

29 Suite, Apt. #, etc.
City & State

30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KHAN, HASSAN
2069 AMERICANA BLVD
ORLANDO FL 32839

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

520 S. O.B.T.

83

Orlando FL 32805

84 City

FL

85 Zip Code
32805

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, typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MAMSA, EBRAHIM
STREET ADDRESS 6253 INDIAN MEADOW
CITY-ST-ZIP ORLANDO FL 32803

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME KHAN, HASSAN
STREET ADDRESS 2069 AMERICANA BLVD
CITY-ST-ZIP ORLANDO FL 32839

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

P.O.B.T.
520 S. O.B.T.
Orlando, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (10/97)