03-04-1999 90249 035 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600034813

1. Corporation Name								
ALL AMERICAN OIL, INC. OF BREVARD					. Indicate his this site said Said			488 (111 188)
Principal Place of Business Mailing Address						<b>abi</b> ah <b>ba</b> hab milik da		( <b>000</b>
						,		
402 HIGH POINT DR COCOA FL 32926 COCOA FL 32926								
US US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	1		
					04/18/1996		<del></del>	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For Not Applicable	
21 26 Suite Act # etc					59-3384958	es.	3.75 Ac	
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				<ol><li>Certificate of Status Desired</li></ol>		Fee Req	
22     27				6. Election Campaign Financing	<u> </u>	5.00 N	Jav Re	
23	•	28	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	y	8. This corporation owes the current	t year Intangib	е .	_
24	25 29 30		30		Personal Property Tax.		es j	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agen	1	_\
			81	Name		1		
LINTZ, LESTER			82	Street Ac	idress (P.O. Box Number is Not Acceptabl	e)		
1970 MICHIGAN AVE BLDG F				<u> </u>		<u>i</u> _		_
COC	OA FL 32922		8:	3		I		
			84	City		85	Zip Co	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				<u></u>		FL 00		- aiotarad
office or re	anistered agent or both in the State o	if Florida. Such change was au	ithorized bi	the corpora	orporation submits this statement for the pu ation's board of directors. I hereby accept t	rpose of chang he appointmen	jing its r it as reg	istered
agent. I at	n familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statute	s.		,		
SIGNATURE		ALOTS: ALOTS:	Danistana Am		uired when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: FOR STREET OF ST			ant signature requ	ADDITIONS/CHANGES TO OFFI		RECTOF	RS IN 12
TITLE			1.1 TITLE				hange	Addition
NAME			1.2 NAME			•		
STREET ADDRESS	•		13 STRE	ET ADDRESS	•	F		
CITY-ST-ZIP			1.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE 2.1 TI					Change	☐ Addition
NAME	SHAH, RASHMI M		2.2 NAME			i		
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	DELETE 3.1 TITLI				Change	☐ Addition
NAME	SHAH, RAJENDRA R		3.2 NAME					
STREET ADDRESS	740 NICKLAUS DR			ET ADDRESS		·		
CITY-ST-ZIP	MELBOURNE FL 32940		3.4. CITY-				·	
TITLE	D	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	SHAH, KANAN		4. 2 NAME					'
STREET ADDRESS	740 NICKLAUS DR			ET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32940	☐ DELETE	4.4 CITY-		47-47-40-40-40-40-40-40-40-40-40-40-40-40-40-		Change	Addition
TITLE			5.1 TITLE 5.2 NAME			1	.,	
NAME				ET ADDRESS		!		
STREET ADDRESS				ST-ZIP		t		
CITY-ST-ZIP TITLE			6.1 TITLE			<u> </u>	hange	Addition
NAME		<b>—</b>	6.2 NAME			F		
STREET ANDRESS			6.3 STRE	ET ADDRESS	•			

CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS