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' PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060196 (8)

G & E PETROLEUM, INC.

FILED

97 JUN 23 AM 5: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address 2846 SW 183 AVE 2646 SW 183 AVE PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029			3029-5200	-5200	
				3. Date Incorporated or Qualified 3 07/17/1996	a. Date of Last Report
⊢ ∵	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-167998	Not Applicable 88.75 Additional
22 27		<u>∤</u>		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30	8. This corporation has liability for intar	ngible tax under s. 199.032,
	9. Name and Address of Curre			10. Name and Address of New Regist	
PER	DIKIS, ARISTIDIS		81 Name		
2646 SW 183 AVE			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
PEM	IBROKE PINES FL 33029		83		
·			03		
			84 City		FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 ogistered agent, or both, in the Stat in familiar with, and accept the obli- Signature, typed or printed hance of registered as		utes, the above named cors authorized by the corpora Florida Statutes. Oil Registered Agent signature requ	poration submits this statement for the purp tion's board of directors. I hereby accept th	ose of changing its registered e appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 THEE		Change Addition
NAME	PERDIKIS, ARISTIDIS		1.2 NAME		
STREET ADDRESS	2646 SW 183 AVE		1.3 STREET ADDRESS		
CITY-SY-ZIP TITLE	PEMBROKE PINES FL 33029	DELETE	1.4 C(1Y · S1 - Z(P) 2.1 T(1)(E	20000222 -09/24/92) [[] [] Addition
NAME			2.2 NAME	1007では100年 第3章第1日代 (][] *****165()[]
STREET ADDRESS		,	23 STREET ADDRESS		30 11.1.2001.00
CITY-ST-ZIP			2 4 C/1Y-S1-Z/P		
TITLE		DELETE	3 1 TITLÉ		Change Addition
NAME			3 2 NAM(
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CHY+S1+ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	_	
CITY-ST-ZIP		DE CT	4.4 CHY-SI-ZIF		
TITLE		☐ DECETE	5.1 711LF	PA	Change Addition
NAME ` STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	A .	น' (
CITY-ST-ZIP			5.4 CITY - S1 - ZIP	· / / / /	' `
TITLE		DELETE	611IILE	в	Change Addition
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREFT ADDRESS		<u> </u>
CITY-ST-ZIP			6.4 CITY · \$1 - ZIP		

I do hereby certify that the information supplied with this filting 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 armual 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 operation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 17 or block 17 or an attachment with an address.