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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062135 (4)

57TH SERVICE STATION, INC.

## **FILED** Apr 17 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address							
	FLAGLER STREET		5695 WEST FLAGLER STREET			1			
MIAMI FL 331	134	MIAMI FL 33134				DO NOT WRITE	IN THIS (	SPACE	
						3. Date Incorporated or Qualified	11113	JI AUL	
						07/25/1996		,	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		- I Ar	oplied For
21		26	26			65-0696578	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				"	П	\$8.75	Additional
22		27				5. Certificate of Status Desired	⊔ .	Fee Ro	equired
City & Stat	е	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added 1	
Zip	Country	Zip	$\vdash$	untry		8. This corporation owes or has paid			
24	25 25 25 Name and Address of Cur	zent Replatered Agent	30	T		Personal Property Tax due June 3  10. Name and Address of New Reg			_] No
00	REENFIELD, ALAN E ESQ	ISIN HOGISTOIGU AGOIN		81	Name	ID. Name and Address of New Neg	14(0) 60 1	Agent	<del></del>
				L					
	00 DOUGLAS ROAD HTE 911			82	Street Add	fress (P.O. Box Number is Not Acceptabl	e)		
	ORAL GABLES FL 33134			83	ļ	· · · · · · · · · · · · · · · · · · ·			
ÇÜ	MAL GABLES FL 33134			Ш					
				84	City			85 Zip (	Code
SIGNATURE	Signature, typed or printed name of registered					poration submits this statement for the pution's board of directors. I hereby accept lired when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS :	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOF	IS IN 12
TITLE	P	☐ DELETE	1.1 T	ITLE		•		Change	Addition
NAME	HAISSAM, ELANNAN J		1.2 N	3MA					
STREET ADDRESS	5695 WEST FLAGLER STR	EET	1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33134	T priest		ITY-S	T-ZIP			T 31	I Laure
THLE		☐ DELETE	2.1 T					☐ Change	Addition
NAME			2.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.17		ST-ZIP			Change	Addition
NAME			3.1 V					U.nungo	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-9					
TITLE		☐ DELETE	4.1 T					Change	Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 \$	STREET	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		ITY-S	T- ZIP			-	
THILE		☐ DELETE	5.1 T					Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS			53S	STREET	ADDRESS				
CITY-ST-ZIP		D. P.		ITY - S	T-ZIP				- <del>                                    </del>
TITLE		☐ DELETE	6.11						Addition
NAME			62 N						
STREET ADDRESS					ADORESS				
C17 V CT 71D	i		8 640	ntv c	тэю I				

14. 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.