

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

FILED
Apr 16 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 # P96000064629 (4)
1. Corporation Name
PARAMORE COLLECTIONS INCORPORATED



Principal Place of Business: 3051 NW 100TH STREET MIAMI FL 33147
Mailing Address: 3051 NW 100TH STREET MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2141 N.W. 96 Street		26 P.O. Box 223381		08/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Miami, FL		28 Hollywood, FL		65-0686152	
24 33147		29 33022		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Dade		30 Broward		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARAMORE, RONALD 3051 NW 100TH STREET MIAMI FL 33147				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 2141 N.W. 96 Street			
				83			
				84 City Miami			
				85 Zip Code FL 33147			

11. Pursuant to the provisions of Sections 607.0509 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	PARAMORE, RONALD	1.2 NAME	
STREET ADDRESS	3051 NW 100TH STREET	1.3 STREET ADDRESS	2141 N.W. 96 Street
CITY-ST-ZIP	MIAMI FL 33147	1.4 CITY-ST-ZIP	Miami, FL 33147
TITLE		2.1 TITLE	S
NAME		2.2 NAME	Tracy Nash
STREET ADDRESS		2.3 STREET ADDRESS	2141 N.W. 96 Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33147
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	000002492168
NAME		4.2 NAME	-04/17/98--01052--004
STREET ADDRESS		4.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Ronald Paramore* 4/11/98 (305) 694-9687

CR2E034 (10/97)

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Pg. 1

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09520 (8)

1. Corporation Name
CHEVRON STATIONS INC.

Principal Place of Business 575 Market Street San Francisco, CA. 94105 US	Mailing Address 225 Bush Street San Francisco, CA. 94104 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/25/1986

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 84-0618607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**The Prntice Hall Corporation System, Inc.
 110 North Magnolia Street
 Tallahassee, FL. 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 or printed name of registered agent and the filer applicable) (NOTE: Registered Agent's signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	Roden, P. D.
STREET ADDRESS	Rosehill, New Barn Lane
CITY-ST-ZIP	Cheltenham, Glos GL52, 3LA
TITLE	AS <input type="checkbox"/> DELETE
NAME	Jones, J. H., Jr.
STREET ADDRESS	225 Bush Street
CITY-ST-ZIP	San Francisco, CA. 94104
TITLE	S <input type="checkbox"/> DELETE
NAME	Kowal, S.
STREET ADDRESS	575 Market Street
CITY-ST-ZIP	San Francisco, CA. 94105
TITLE	T <input type="checkbox"/> DELETE
NAME	Smay, D. T.
STREET ADDRESS	2005 Diamond Boulevard
CITY-ST-ZIP	Concord, CA. 94520
TITLE	AT <input type="checkbox"/> DELETE
NAME	Ziarnik, A. P.
STREET ADDRESS	575 Market Street
CITY-ST-ZIP	San Francisco, CA. 94105

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

400002492154 Change Addition
-04/17/98--01052--003
*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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; the receiver or justice 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.

SIGNATURE:  **J. M. JONES, JR.** APR 8 1998 **415-694-7700**

Date Daytime Phone #

CR2E034 (10/97)