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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

1997

DIVISION OF CORPORATIONS

	IMENT # P9600 TIVE MOBIL SOUTH, INC.	0071162 (7)				
Principal Pla	ce of Business	Mailing Address				
4000 STATE F Miramar Fl		4080 STATE RD 7 MIRAMAR FL 33023-6175				
					3. Date Incorporated or Qualified 3s. Date of Last Report 08/27/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 42426 Applied For Not Applied For	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		~	Certificate of Status Desired S. Certificate of Status Desired Fee Required	
City & Sta	ale	City & State		:	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zφ 24	Country 25	Ζιρ 29	Count	ry	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent		
MUSSMAN, JAY D			8	1 Nam	0	
	B1 N 151 ST #101 NMI LAKES'FL 33014	•	8	2 Stree	et Address (P.O. Box Number is Not Acceptable)	
, MW	AMI LAVES LE SOUIT		8	3		
ī.	•		В	4 City	85 Zip Code	
11, Pursuan office or agent. f	t to the provisions of Sections 607.0 registered agent, or both, in the Stamilar with, and accept the ob-	1502 and 607.1508, Florida Statute ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the about outhorized orida Statut	ve-name by the co	rd corporation submits this statement for the purpose of changing its registered exporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, Spirid or printed name of registered	acent and title if applicable (NOTE	- Bagistered A	nent sionali	ure required when reinstaling) DATE	
12.	OFFICERS AND DIRECTORS 13			g.a	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THE	D	DELETE	1.1 TITE		Change Addition	
NAME	BAKATSELOS, PLATON		1.2 NAM	E		
STREET ACORESS 4090 STATE RD 7		1.33		ET ADORESS	PRESS	

MIRAMAR FL 33024 CITY-ST-7/2 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition THILF BAKATSELOS, ELEFTHERIA NAME 22 NAME 4090 STATE RD 7 2.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33024 2. 4 CITY - ST - ZIP CHY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE **BAKATSELOS, DIMITERIOS** NAME 3.2 NAME **4090 STATE RD 7** 3.3 STREET ADDRESS STREET ADERESS MIRAMAR FL 33024 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BAKATSELOS. ARISTOTLE NAME 4. 2 NAME 4090 STATE RD 7 STREET ADDRESS 4.3 STREET ADDRESS MIRAMAR FL 33024 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition THILE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - ST - ZIF DELETE Change Addition 6.1 TITLE THILE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CiTY-ST-ZIP

14. I do 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 fully an accourate 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 releiver or fullstee endowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or an attachment with an address.

SIGNATURE: \

SIGNATURE AND THEE OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

/4-11-47

954 987-4900 Dayline Prione

FILED

Apr 28 1997 8:00am

Secretary of State