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 # P9700000164 1. Corporation Name

S & B FUEL SERVICES, INC.

Principal Place	of Business	Mailing Address		1 122/1331 110 12	}} 1	******	11111 2101 1881	
3277 S.E. 14TH AVENUE FORT LAUDERDALE FL 33316-5112		1800 N PINE ISLAND RD PLANTATION FL 33322 US			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporate 12/31/1996	d or Qualifed			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		<u> </u>	olied For	
21		26		65-0720461			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Stat	us Desired	\$8.75 A Fee Rec	quired	
City & State		City & State		6. Election Campaig Trust Fund Contr	ribution	\$5.00 I Added to		
Zip	Country	Zip	Country	8. This corporation	owes the current yes			
24	25	29 3	0	Personal Propert			□No	
	9. Name and Address of Current	it Registered Agent		10. Name and Addr	ess of New Registe	ered Agent		
			81 Name					
SADOWSKI, SCOTT				Address (P.O. Box Number	s Not Acceptable)			
32// S.E. 141H AVENUE				8 INDIAN 8	RACE			
FOR	T LAUDERDALE FL 33316-5112	83	Cun (2	5/				
			84 City#	100-0	- /	85 Zip C	ode.	
			1 6	JESTUN		FL 33	326	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auti	norized by the corp	corporation submits this state oration's board of directors. I	ement for the purpo hereby accept the	se of changing its appointment as reg	registered jistered	
SIGNATURE								
	Signature, typed or printed name of registered age		<u> </u>	required when reinstating)	DAT		DC IN 40	
12.		ND DIRECTORS	13.	ADDITIONS/CHAI	NGES TO OFFICER	Change	Addition	
TITLE	PSD	☐ DELETE	1.1 TITLE			[_] Onlings		
NAME	SADOWSKI, SCOTT		1.2 NAME					
STREET ADDRESS 3277 S.E. 14TH AVENUE			1.3 STREET ADDRESS				}	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		1.4 CITY-ST-ZIP				☐ Addition	
TITLE		☐ DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS	1				
CITY-ST-ZIP			2.4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP		·			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4, 2 NAME		•			
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u></u>				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME		**** · · ·			
STREET ADDRESS			5.3 STREET ADDRESS	;		•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	L	<u> </u>			
TITLE		☐ DELETE	6.1 TITLE	T		Change	Addition	
NAME			6.2 NAME		•		İ	
STREET ADDRESS			6.3 STREET ADDRESS					

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 suppliemental annual report is true and according and that my signature shall have the same legal effect as if made under coath; 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:

CITY-ST-ZIP

PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90132 026 ***150.00

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