

06241999-90003-018-\$150.00-\$150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000005302

1. Corporation Name

PINE STREET STATION, INC.

Principal Place of Business

**905 SOUTH PINE AVENUE
OCALA FL 34474**

Mailing Address

**905 SOUTH PINE AVENUE
OCALA FL 34474**



06/24/99 90003018 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1997	
4. FEI Number 65-0746406	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21		2a. Mailing Address 25		4. FEI Number 65-0746406		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29		Country 30	
9. Name and Address of Current Registered Agent RAMMUNI, JOSEPH 905 SOUTH PINE AVENUE OCALA FL 34474				10. Name and Address of New Registered Agent			
				61. Name			
				62. Street Address (P.O. Box Number is Not Acceptable)			
				63.			
				64. City FL 65. 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 title if applicable

(NOTE: Registered Agent signature required when relinquishing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUHAMMAD HASSAN ALRAMAMNEH	1.2 NAME	
STREET ADDRESS	905 SOUTH PINE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMMUNI, JOSEPH	2.2 NAME	
STREET ADDRESS	905 SOUTH PINE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELNAJI, MOHAMMAD	3.2 NAME	
STREET ADDRESS	905 SOUTH PINE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: MUHAMMAD HASSAN ALRAMAMNEH **SIGNATURE REQUIRED**

06/09/99 629 6611

Date

Daytime Phone

8/4/99

048632

CR2E034 (11/98)

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Pine Street Service Station, Inc.
905 S. Pine Avenue
Ocala, FL 34474

Florida Department of Revenue
Ref. # P97000005302
Corporation Renewal

To Whom It May Concern,

I always filed my corporation renewal on time, no one in their right mind would send it in late knowing about the \$400.00 late fee.

I had to leave the state due to an illness in the family, so please would you waive the late fee since it was an emergency.

God bless you,