1999 SEP 16 AH 10: 39

SECRETARY OF STATE TALLAHASSEE, FLOR.DA

APPROSED/OF 2

| SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. &AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). | | | | | | |
|--|----------|---|--|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | | | |
| DOCUMENT # PO | 27000028 | 075 | | | | |

| SERVICE STATIONS, INC. | | | | |
|---|---|----|--|--|
| Principal Place of Business | Mailing Address | | | |
| 1998 WEST STATE ROAD 434 LONGWOOD FL 32750 | 1998 WEST STATE ROAD 434 LONGWOOD FL 32750 | | | |
| | | 3. | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | |

| | | | | | | | DO NOT WRITE IN THIS SPACE |
|---|------------------------------|-------------------------------|--|--|--|---|--|
| | | | | | | | 3. Date Incorporated or Qualified 03/24/1997 |
| 2. Principal Place of Business 2a. Mailing Address 21 | | | | | | 4. FEI Number Applied For | |
| | | | | | | 59-3433775 Not Applicable | |
| Suite, Apt. #, etc. 27 | | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| City & State City & State 23 28 | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Ζφ 24] | | Country 25 | Zip 29 | Zip Country | | | This corporation owes the current year Intangible Personal Property. Yes No |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| STEPHAN, JOSEPH I 1998 HWY 434 LONGWOOD FL 32750 | | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | 83 | | | |
| | | | | | 1 | City | FL 85 Zip Code |
| onice or i | registered ag | ent, or both, in the Si | 0502 and 607.1508, Florida Statut tate of Florida. Such change was oligations of, section 607.0505, Fl | authorize | d by th | med corpora | poration submits this statement for the purpose of changing its registered attom's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | | | | |
| | Signature, typed | or printed name of registered | | OTE: Registe | red Ager | nt signature n | equired when reinstating) DATE |
| 12. | | OFFICERS | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
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| NAME | ! ' | JOSEPH I | | 1.2 NA | ME | į | |
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| ITYISTIZIR LONGWOOD FL 32750 | | 1.4 CI | 1.4 CITY-ST-ZIP | | 0000029921707 | | |
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| STREET ADDRESS I | FLACORESS 1998 HWY 434 | | 2.3 STREET ADDRESS | | | | |
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| CITY-ST ZIP | | | | | Y-ST-Zif | | } |
| TITLE | | • | DELETE | 6.1 TIT | | | Choses C 4455 |
| NAME | | | DECEIE | 6.2 NA | | | Change Addition |
| STREET ADDRESS | | | | | | 2000 | |
| C 14.81-2# | | | | | REETAD | - 1 | |
| 14 Thereby co | rtify that the i | oformation supplied u | with this filing does not guelle for | | Y-ST-ZIF | | ction 119.07(3)(i), Florida Statutes. I further certify that the information |
| an officer o | or director of t | he corporation or the | receiver or trustee empowered to attachment with an address. | rate and to execute | hat my this re | signatur port as re | e shall have the same legal effect as if made under oath; that I am squired by Chapter 607, Florida Statutes; and that my name appears |

SIGNATURE: ___

JOSEPH I, Stephan
SIGNATURE AND TYPED OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

407-831-9604 DBytime Phone #

Pg 2 P-14-99

To: Mr. Andy Dembop of Conida Dept. of State / Division of Corporations
from: Joseph Stephan , Pres. "Service Stations Fac." EIN#59-3433775
Re: 1998 Annual Report filing.

Dear Mr. Dauby,

Per our phone convention this morning, I'm enclosing the 1998

Annual report filed late due to my pouture's illness (Mittata)

who usually takes care of bookseping and official consepondence,

I found out about this situation only yesterday and I

noticed the deadline of September 15, 99 - obviously we

never received the first notice carlier in the year

like everybody else in order to send it to you by

the deadline of My 1st, 99, therefore I like to ask

you to please waive the late filing fee of 400.00

since we never received the first original notice...

Thank you for your assistance and cooperation.

Tuccroby)