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P**R**OFIT COR**PO**RATION ANNU**AL** REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State of DIVISION OF CORPORATIONS

DOCUMENT # P97000032228 (3)

## FILED Jun 30 1998 8:00am Secretary of State

MALLORY FLASH OIL & LUBE, INC. Principal Place of Business Mailing Address 8000 W. MCNAB ROAD 8000 W. MCNAB ROAD NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 Yes e. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GAZETA, LEONILDO 1891 S. MILITARY TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33415 83 84 City 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 Significate, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. DELETE VICE - PRESIDENT Change TITLE 11TITLE ANDRE FORTES 8000 W. MACNAS COAD GAZETA, LEONILDO NAME 1.2 NAME CR2E034 8000 W. MCNAB ROAD 1.3 STREET ADDRESS STREET ADDRESS NORT LANDERDALE - FL-33068 NORTH LAUDERDALE FL 33068 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE Addition ☐ Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 500002575206 DELETE TITLE SITITE. NAME 6.2 NAME -06/30/38--01012--041 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 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 charged, or on an attachment with an address.

- Andelstone (ANDE 1. GOD

4-16-88

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