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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037679 (2)

THE FUEL FARM, INC.

Principal Place of Business

Mailing Address

## FILED Apr 23 1998 8:00am Secretary of State



Frincipal Place of Business	Mailing Address						
3400 S DIXIE HWY	3400 S DIXIE HWY						
MIAMI FL 33133	MIAMI FL 33133			55.157.11			
				i.	RITE IN THIS SE	ACE	
				3. Date Incorporated or Qualifi	ed		
				04/28/1997			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		X A	optied For
21 3420 Bird Avenue	26 PO BOX	-74				N-	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22	27			C. Continedto of States Desired		Fee R	equired
City & State	City & State	_		8. Election Campaign Financin	g	\$5.00	May Be
23 Mani FC	28 Miani,	FL		Trust Fund Contribution			to Fees
<b>Zip</b> Country	Zip	Cour	•	8. This corporation owes or has	s paid the curre	nt year In	tangible
2433133 25 Doche	29 33(33	30 1	Doode	Personal Property Tax due J			X No
9, Name and Address of Curre				10. Name and Address of New	Registered A	gent	
CONFALONE, JAMES			81 Name				
3400 \$ DIXIE HWY MIAMI FL 33133							
			82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI PL 33133		}	83				
			~				
			84 City		F= 1	<b>85</b> Zip	Code
					FL	<u> </u>	
11. Pursuant to the provisions of Sections 607.05	502 and 507.1508, Florida <b>Stat</b> Io of Florida. Such change wa	tutes, the ab is authorized	ove-named cor I by the cornora	poration submits this statement for the	ne purpose of c	hanging i niment as	ts registered
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obli	gations of, Section 607.0505,	Florida Statu	ites.	and a search of an octors. This bay at	oopt the appoi	manom as	- Cgioteico
SIGNATURE		_					
Signature, typed or printed name of registered a	····		Agent signature requ	ired when reinstating)	DATE		
	ND DIRECTORS	13.		ADDITIONS/CHANGES TO O		_	
TITLE PD	☐ DELETE	1.1 T T	LE		L	Change	Addition
NAME CONFALONE, JAMES		1.2 NA	ME				[:
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CITY-ST-ZIP MIAMI FL 33133		1.4 CIT	Y-ST-ZIP				ļ:
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NAME					L	_ Change	Addition
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14. 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.

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