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 # P97000045667

1. Corporation	TE GAS, INC.	1043007					
Principal Plac	ce of Business	Mailing Address			- E LORA LORA TILO CANAL LABELL ROTHE BAÍTH DOTH	00111 D1001 31110 01111	1 3 11) 1 33 1 1 33
1766 SENECA		1766 SENECA BLVD.				•	
	NGS FL 32708	WINTER SPRINGS FL 32708					
					DO NOT WRITE IN	THIS SPACE	·
					3. Date Incorporated or Qualifed 05/22/1997		
2. Principal f	cipal Place of Business 2a. Mailing Address				4. FEI Number		oplied For
21		26			59-3446818		ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	* * * * *	Additional equired
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees
Zip	Country Zip Cou		Country	o, this corporation of the dament year manager			
24	25	29 3	10		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent		·	10. Name and Address of New Regist	ered Agent	
C1 A	ADK IOHN		81	Name	· .		
CLARK, JOHN 911 S. PARSONS AVE. BRANDON FL 33511			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
					And the second s		
יחס	MADON FL 55511		83				113
			84	City	The second secon	85 Zip	Code
						⊁L	
agent. I	am familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ia Statutes		poration submits this statement for the purpoon's board of directors. I hereby accept the		· · · · · · · · · · · · · · · · · · ·
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	P	☐ DELETE	1.1 TITL€			☐ Change	Addition
NAME	MICHAEL AMENDOLAGINE		1.2 NAME				
STREET ADDRESS	1		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PT ORANGE FL 32119		1.4 CITY-S	T-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	KHOSROW OWJI		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS		•	
CITY-ST-ZIP	WINTER SPRGS FL 32708						
TITLE			2. 4 CITY-5	ST-ZIP			
NAME .	VP .	DELETE	2. 4 CITY-5 3.1 TITLE	ST-ZIP		☐ Change	Addition
	CAROLYN OWJI	☐ DELETE	_	ST-ZIP		Change	Addition
STREET ADDRESS	CAROLYN OWJI s 1766 SENECA BLVD	DELETE	3.1 TITLE 3.2 NAME	T ADDRESS			Addition
STREET ADDRESS	CAROLYN OWJI	-	3.1 TITLE 3.2 NAME	r address		#**	<u>:</u>
2 2 2	CAROLYN OWJI s 1766 SENECA BLVD WINTER SPRGS FL 32708 VP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE	r address			☐ Addition
CITY-ST-ZIP	CAROLYN OWJI 1766 SENECA BLVD WINTER SPRGS FL 32708 VP MARILYN AMENDOLAGINE	-	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S	r address		#**	<u>:</u>
CITY-ST-ZIP TITLE	CAROLYN OWJI 1766 SENECA BLVD WINTER SPRGS FL 32708 VP MARILYN AMENDOLAGINE 5 6309 PALMAS BAY CIR	-	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE	T ADDRESS IT- ZIP		#**	<u>:</u>
CITY-ST-ZIP TITLE NAME	CAROLYN OWJI 1766 SENECA BLVD WINTER SPRGS FL 32708 VP MARILYN AMENDOLAGINE	DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	T ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	CAROLYN OWJI 1766 SENECA BLVD WINTER SPRGS FL 32708 VP MARILYN AMENDOLAGINE 5 6309 PALMAS BAY CIR	-	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	T ADDRESS		#**	<u>:</u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROLYN OWJI 1766 SENECA BLVD WINTER SPRGS FL 32708 VP MARILYN AMENDOLAGINE 5 6309 PALMAS BAY CIR	DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS IT-ZIP T ADDRESS T-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CAROLYN OWJI 1766 SENECA BLVD WINTER SPRGS FL 32708 VP MARILYN AMENDOLAGINE 6309 PALMAS BAY CIR PT ORANGE FL 32119	DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	I ADDRESS IT-ZIP I ADDRESS T-ZIP I ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CAROLYN OWJI 1766 SENECA BLVD WINTER SPRGS FL 32708 VP MARILYN AMENDOLAGINE 6309 PALMAS BAY CIR PT ORANGE FL 32119	☐ DELETE	3.1 TITLE 32 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	I ADDRESS IT-ZIP I ADDRESS T-ZIP I ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CAROLYN OWJI 1766 SENECA BLVD WINTER SPRGS FL 32708 VP MARILYN AMENDOLAGINE 6309 PALMAS BAY CIR PT ORANGE FL 32119	DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	I ADDRESS IT-ZIP I ADDRESS T-ZIP I ADDRESS		☐ Change	Addition

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 changes or on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

1-269 407-971-7000

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90016 050 ***150.00

;R2E034 (11/98)