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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthag.

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000061924 (1)

SUPREME OIL AND CHEMICAL OF FLORIDA, INC. Principal Place of Business Mailing Address XSECUL XIX MATERIAL X DROVE DEBUXIN XIMIMER SURVXDERVIK EUNE 1920' DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/16/1997 2. Principal Place of Business 2a. Mailing Address FETNumber Applied For 21 7856 NW 72ND AVENUE 7856 NW 72ND AVENUE Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6 Election Campaign Financing MEDLEY, FLORIDA MEDLEY, FLORIDA \Box Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible USA 29 33166 33166 25 ☐ Yes ☐ No USA Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BOULOS, RAID** R2 Street Address (P.O. Box Number is Not Acceptable) XSKHTEK32Q 7856 NW 72ND AVENUE City MEDLEY 85 33166 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typica or printed rue in of inspected agent and life. Cappocable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change A Addition TITLE 1.1 TOLE PRESIDENT **BOULOS. RIAD** 1.2 NAME NAME SALIM C. BOULOS 3801 N. UNIVERSITY DRIVE, SUITE 320 STREET ADDRESS 13 STREET ADDRESS 7856 NW 72ND AVENUE SUNRISE FL 33351 CITY-ST-ZIF 1.4 CITY-ST-ZIP MEDLEY-FLORIDA 33166 DELETE Change Addition THUE 2.1 TOTLE 2 2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2 4 City-St-7iP DELETE Addition Change TITLE 31 TITLE NAME 32 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY+ST-ZIP DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 13 if changed, or on an attachment with an address

CICNATURE.

Balo

4/28/98 305.884.5459

FILED

Jun 04 1998 8:00am

Secretary of State

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