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FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90023 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000064094 JOK

1. Corporation Name

4 NET PETROLEUM, INC

Principal Place of Business

Mailing Address

11139 TAMiami TRAIL EAST  
NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/24/97

4. FEI Number

59-3460579

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 11139 TAMiami TRAIL E. SAME

25 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27

23 City & State

28 City & State

NAPLES, FL 2

28

24 Zip

Country

29 Zip

Country

34112 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSRAJ DEONARINE  
11139 EAST TAMiami TRAIL  
NAPLES, FL 34113

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 HANSRAJ DEONARINE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-6-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE

NAME HARRY ROPER  
STREET ADDRESS 500 ROYAL MARCO WAY  
CITY-ST-ZIP MARCO ISLAND, FL 34145

1.1 TITLE ☐ Change ☐ Addition

TITLE VICE PRES. ☐ DELETE

NAME RANDOLPH RAMTALA  
STREET ADDRESS 119 BLUE RIDGE DR.  
CITY-ST-ZIP NAPLES, FL 34112

2.1 TITLE ☐ Change ☐ Addition

TITLE TREASURER ☐ DELETE

NAME ZAMIL AHAMMAD  
STREET ADDRESS 7713 JEWEL LANE #104  
CITY-ST-ZIP NAPLES, FL 34109

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SECRETARY ☐ DELETE

NAME HANSRAJ DEONARINE  
STREET ADDRESS 1944 ACCADILLY CIRCLE  
CITY-ST-ZIP NAPLES, FL 34112

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANSRAJ DEONARINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-99

Date

Daytime Phone #