

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90030 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000091844

1. Corporation Name
SILVER SPRINGS GAS, INC.



Principal Place of Business	Mailing Address
4536 CLYDE MORRIS BLVD., RM. 3 PT. ORANGE FL 32119	4536 CLYDE MORRIS BLVD., RM. 3 PT. ORANGE FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1997

2. Principal Place of Business	2a. Mailing Address
21 1301 Berville Road	26 1301 Berville Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Unit 19	27 Unit 19
City & State	City & State
23 Daytona Beach, FL	28 Daytona Beach, FL
Zip	Country
24 32119	25 USA
29 32119	30 USA

4. FEI Number	Applied For
59-3474904	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

AMENDOLAGINE, MICHAEL
4536 CLYDE MORRIS BLVD., RM. 3
PT. ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1301 Berville Road Unit 19
83	
84 City	Daytona Beach FL
85 Zip Code	32119

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMENDOLAGINE, MICHAEL	1.2 NAME	
STREET ADDRESS	4536 CLYDE MORRIS BLVD., RM. 3	1.3 STREET ADDRESS	1301 Berville Road Unit 19
CITY-ST-ZIP	PT. ORANGE FL 32119	1.4 CITY-ST-ZIP	Daytona Florida 32119
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMENDOLAGINE, MARILYN	2.2 NAME	1301 Berville Road Unit 19
STREET ADDRESS	4536 CLYDE MORRIS BLVD., RM.3	2.3 STREET ADDRESS	Daytona, Florida 32119
CITY-ST-ZIP	PT. ORANGE FL 32119	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWJI, KHOSROW	3.2 NAME	
STREET ADDRESS	1766 SENECA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWJI, CAROLYN	4.2 NAME	
STREET ADDRESS	1766 SENECA BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn Amendolagine Date: 2/3/99 Daytime Phone #: 904-322-0673

CR2E034 (11/98)