## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## PROFIT CORPORATION ANNUAL REPORT

100R



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham-

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101586 (0) SANDY'S PETROLEUM, INC.				
SANUT S FEIROLEUW, INC.				
Principal Place of Business Mailing Address				
2901 N FEDERAL HWY		2901 N FEDERAL HWY		
POMPANO BEACH FL 33084		POMPANO BEACH FL 33064		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 12/01/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable
22 27 27				5. Certificate of Status Desired See Required Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
				VAIOS KOUTSOYANNIS
4374 NW DTH AVE			82 Street	Address (P.O. Box Number is Not Acceptable)
POMPANO BEACH FL 33064			45	14 N, W 9 14 NV.
			83 20	,
			84 City	MPANO BIH & FL 85 Zip Code 333064
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. Latti familiar with, and accept the obligations of, section 607.0505, Florida Statutes.				
			TE: Registered Agent signatu	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	L DELETE	1.1 TITLE	Change Addition
NAME	STALLONE, NAURINE		1.2 NAME	VAIOS KOUTSOYANNIS
STREET ADDRESS	4374 NW 9TH AVE		1.3 STREET ADDRESS	POMPANO BCH FL. 33064
CITY-ST-ZIP	POMPANO BEACH FL 33064		1.4 CITY-ST-ZIP 2.1 TITLE	
NAME		L DELETE	2.2 NAME	Change
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	, .e. <del>*</del>
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		L_] DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		[]priese	5.4 CITY-ST-ZIP 6.1 TITLE	
NAME		DELETE	6.2 NAME	L_ Change _ Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	(-1»		6.4 CITY-ST-ZIP	•
	wife that the information cupplied with	this filing door not qualify for th		section 119 07(3Vi) Florida Statutes I further certify that the information

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.

SIGNATURE:

Lay 161 LA WHILLIAM MY

09-20-9 8 (954)9456088

**FILED** 

Oct 15 1998 8:00am

Secretary of State