

PROFIT CORPORATION ANNUAL REPORT 1999

FILED

00 JAN 31 PM 12:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA



REINSTATEMENT 99-00  
DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000014906

1. Corporation Name  
FLORIDA SHELL GASOLINE RETAILERS ASSOCIATION, IN C.

Principal Place of Business

10214 NW 47TH ST  
SUNRISE FL 33351

Mailing Address

10214 NW 47TH ST  
SUNRISE FL 33351

2. Principal Place of Business

21 N/A  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 220805  
Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

27 City & State

28 West Palm Beach

29 33422-0805 P.B.

3. Date Incorporated or Qualified  
02/13/1998

4. FEI Number  
65-0926341  
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

9. Name and Address of Current Registered Agent

SEEWALD, JAY  
10214 NW 47TH ST  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name MARK HABIB  
82 Street Address (P.O. Box Number is Not Acceptable) 2970 N. Military Tr.  
83  
84 City West Palm Beach FL 85 Zip Code 33409

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	MARK HABIB	
STREET ADDRESS	104 HAMPTON CIR	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	CHARLES PAGE	
STREET ADDRESS	5559 E. LETIMER DR.	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	JAMES BRIZIANO	
STREET ADDRESS	20175 Rabbit Hollow Cir	
CITY-ST-ZIP	DELRAY BEACH, FL 33455	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LS
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	500003130405--3
2.3 STREET ADDRESS	-02/10/00--01008--007
2.4 CITY-ST-ZIP	****150.00 ****150.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	500003130405--3
3.3 STREET ADDRESS	-02/10/00--01008--008
3.4 CITY-ST-ZIP	****600.00 ****600.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LS
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500003130405--3
5.3 STREET ADDRESS	-02/10/00--01008--009
5.4 CITY-ST-ZIP	****150.00 ****150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/99

561-683 0430

Date

Daytime Phone #