


**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90047 039 \*\*\*150.00

<b>PROFIT</b> <b>* CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000031398</b> 1. Corporation Name <b>SUPREME OIL COMPANY, INC.</b>			
Principal Place of Business <b>2720 NORTHWEST 55 COURT</b> <b>FORT LAUDERDALE FL 33309</b>		Mailing Address <del><b>2720 NORTHWEST 55 COURT</b></del> <del><b>FORT LAUDERDALE FL 33309</b></del>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 <b>644 S.E. 4 Avenue</b> Suite, Apt. #, etc. 27 City & State 28 <b>FORT LAUDERDALE, FL</b> Zip Country 29 <b>33301</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>GOLDEN, E. SCOTT</b> <b>644 SOUTHEAST 4TH AVENUE</b> <b>FORT LAUDERDALE FL 33301</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>STREICHER, STANLEY H</b> STREET ADDRESS <b>2720 NORTHWEST 55 COURT</b> CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>D/P/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>E. SCOTT GOLDEN</b> 2.3 STREET ADDRESS <b>644 S.E. 4 Avenue</b> 2.4 CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b> 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STANLEY H. STREICHER**

*E. Scott Golden*  
*E. Scott Golden*

2/26/99

(954) 739-3880

Daytime Phone #

3/29/99

(954) 764-6766

CR2E034 (11/98)