09011999-90003-042-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90003 042 ***150.00

DOCUMENT # P98000045403

1. Corporation Name
EXTREME GAS, INC.

Principal Place of Business	Mailing Address
10839 SEACLIFF CIRCLE BOCA RATON FL 33498	10839 SEACLIFF CIRCLE BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1998

2. Principal Place of Business 21: 14121 82nd St. No.
2a. Mailing Address 26: 14121 82nd St. No.
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23: Loxahatchee, Fl
City & State 28: Loxahatchee, Fl
Zip 24: 33470 Country 25: USA
Zip 29: 33470 Country 30: USA

4. FEI Number #65-0842860 ☐ 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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIFLINGER, SYBIL T
10839 SEACLIFF CIRCLE
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 14121 82 St. No.
83
84 City: Loxahatchee FL 85 Zip Code: 33470

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	SIFLINGER, SYBIL T		1.2 NAME	SiFLingee, Sybil T.	
STREET ADDRESS	10839 SEACLIFF CIRCLE		1.3 STREET ADDRESS	14121 82nd St. No	
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY-ST-ZIP	Loxahatchee, Fl 33470	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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: Sybil T. SiFLingee 8-17-99 (561) 333-3497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sybil T. SiFLingee