Apr 09, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000052735

1. Corporation Name

HYDROCARBON SPILLS SOLUTION, CORP.

Principal Place of Business Mailing			Mailing Address	ing Address			
3554 COCO LAKE DRIVE 3554 COCO LAKE COCONUT CREEK FL 33073 COCONUT CREEK							
							DO NOT WRITE IN THIS SPACE
							3. Date incorporated or Qualifed
							06/12/1998
	Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21			26				65-0843038 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				, etc.			5. Certifcate of Status Desired
22 27							
City & State City & State							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		Country	28		Country		
Zip		Country	\vdash	30	- ´		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25	! Address of Current	29 Segistered Agent	30	1		10. Name and Address of New Registered Agent
	9, Name and	t Address of Carrette	registered Agent		81	Name	
SHARKEY, LISA 3554 COCO LAKE DRIVE						<u></u>	
					82	82 Street Address (P.O. Box Number is Not Acceptable)	
COCONUT CREEK FL 33073					83		
					84	City	y FI 85 Zip Code
l office or n	anictored anent	of Sections 607.0502 or both, in the State o and accept the obligation	FEIORICA Such chan	de was autho	orized by	the corr	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE							ture required when reinstating) DATE
	Signature, typed or pr	inted name of registered agent		(NOTE: Rec		nt signature	ture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12,	DPT	OFFICERS AND		ELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO CITICERS AND DIRECTORS IN 12
		ICA.	1-J D	CLLIC	1.2 NAME		
NAME	Sharkey, Li 3554 Coco				1.3 STREE	- + DODEC	
STREET ADDRESS		REEK FL 33073					E33
CITY-ST-ZIP	DVS	MEEN PL 330/3	<u></u>	ELETE	1.4 CITY-S 2.1 TITLE	1-2112	☐ Change ☐ Addition
TITLE	SHARKEY, D	ENIC D	٠,	LLLIL	2.2 NAME		
NAME	3554 COCO				2.3 STREE	r + 0000E01	isoc .
STREET ADDRESS		REEK FL 33073					E00
CITY-ST-ZIP TITLE	COCONOI C	NEER FL JOUIS		ELETE	2. 4 CITY-5 3.1 TITLE	1-42	☐ Change MAddition
			J		3.2 NAME		SHARKEY, VIVIANO O.
NAME					3.3 STREE	T & DODES	1.1.00 \$0.000
STREET ADDRESS							CUCONUT CREEK PL 33073
CITY-ST-ZIP				ELETE	3.4. CITY-S 4.1 TITLE	51-ZIP	Change Addition
			_ D		4.1 IIILE		
NAME					4.2 NAME	* ********	ecc.
STREET ADDRESS			,				E00
TITLE				ELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	Change Addition
IIILE	•				5.2 NAME		

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 automatic with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

Addition