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PROFIT CORPORATION ANNUAL REPORT 1999 🔙



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90020 006 ***150.00

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DOCUMENT # P98000054570

1. Corporation Name

PETROLEUM TECHNOLOGY SOLUTIONS, INC.

Principal Place of Business Mailing Address 707 WESLEY AVENUE 707 WESLEY AVENUE			
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689	DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualifed	AOL		
06/18/1998			
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Appl	ied For	
21 59-35/7794	Not	Applicable_	
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Ad Fee Req		
22	· · · · · · · · ·		
City & State City & State 6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	- ,	
Zip Zip Zip Country Zip Country 8. This corporation owes the current year Intan			
		□No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	gent		
81 Name			
BASH, STEPHEN E 707 WESLEY AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)			
TARPON SPRINGS FL 34689	_		
1/18 OI OI MITOU LE CIOCO			
84 City	85 Zip Co	ode	
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 ch	hanging its re	egistered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointing agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	ment as regi	stered	
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14. I hereby certify that the information supplied with this filing does not grafify 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 frie 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 attaction with an extress, with all other like proportions.

KINTED NAME OF SIGNING OFFICER OR DIRECTOR

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #