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PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S48358

8000 BELVEDERE PETROLEUM COMPANY

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Principal Plac	ce of Business	Mailing Address	<i>y.</i>			ISBA BAKBI IBII BIBII	OLDIN BIBLI BIBLI D	inii aitii idai
8000 BELVEDE		1550 LATHAM RD						
WEST PALM BEACH FL 33411 SUITE 8 US WEST PALM BEACH FL 33			MU		DO NOT WRITE IN THIS SPACE		•	
03		US			3. Date incorporated or Qua			
ļ				,	04/24/1991			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0254695		No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		-4			\$8.75 A	Additional
22	•	27			5. Certifcate of Status Desire	ed 🗌	Fee Re	quired
City & Sta	te	City & State			6. Election Campaign Finance	cing	\$5.00	May Be
23	. ,	28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the	current year Ir	itangible	_
24	25	29	30		Personal Property Tax.		☐ Yes	□No .
	9. Name and Address of Current	Registered Agent			10. Name and Address of N	ew Registered	Agent	
	COCCUPY CONTRACTOR	•	81	Name				
	Craney, Steven E Yycuff RD	Services (Constitution of the Constitution of	82	Street Addre	ess (P.O. Box Number is Not Ac	ceptable)		
	PALM BEACH FL 33418		83		1	12013 201	NAC TORE A SELE	is that is
		•				· 計劃有關部門	348) 436 436 9	
}			84	City	, .,, ., ., .,	Fl	" 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	e-named corpo	oration submits this statement for	r the purpose o	f changing its	registered
office or	registered agent, or both, in the State o	if Florida. Such change was a	uthorized by t	the corporatio	n's board of directors. I hereby a	accept the appo	ointment as req	gistered
o agentira			nda Statutes.	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent	t signature required	when reinstating) () () () ()	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		: Registered Agent	t signature required	when reinstating); / / C] ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
	Signature, typed or printed name of registered agent OFFICERS AND			t signature required	ADDITIONS/CHANGES TO		ND DIRECTO ☐ Change	RS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS AND D	DIRECTORS	13.	t signature required				
12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND D MCCRANEY, STEVEN E.	DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO			
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND O MCCRANEY, STEVEN E. 7 WYCLIFF RD	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS	ADDITIONS/CHANGES TO			
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D MCCRANEY, STEVEN E.	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	ADDITIONS/CHANGES TO			
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14. I hereby certify that the information supplies with this living 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 supplies fintal 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 accuracy 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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90045 025 ***150.00

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